



P.O. Box 52424, Phoenix, AZ 85072-2424



MedicareRX
Prescription Drug Coverage

SilverScript (Employer PDP) sponsored by State of Kansas

2013 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2014.

SilverScript (Employer PDP) is a Federally-Qualified Medicare Contracting Prescription Drug Plan.

SilverScript (Employer PDP) is offered by SilverScript® Insurance Company.

Contact Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week to request materials in an alternate format or language. TTY users should call 1-866-236-1069. Llame al Servicio al Cliente 24 horas al dia, los 7 dias de la semana, al 1-800-837-4092 para solicitar materiales en un formato o idioma diferente. Los usuarios de teléfono de texto (TTY) pueden llamar al 1-866-236-1069.

What is the SilverScript (Employer PDP) formulary?

A formulary is a list of covered drugs selected by SilverScript (Employer PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

SilverScript (Employer PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript (Employer PDP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or require quantity limits, prior authorization, and step therapy restrictions on a drug , or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2013. To get updated information about the drugs covered by SilverScript (Employer PDP), please visit our Web site at stateofkansas.silverscript.com or call Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.

The Tier column of the drug list outlines which tier your drug is in. Your share of the cost – also known as co-payment or co-insurance – depends on the tier in which your drug falls. The lower the tier, the lower the cost. Please review your *Summary of Benefits* or *Evidence of Coverage* for your co-payment/co-insurance amounts.

If we have a mid-year non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our print formulary by reprinting it with the new information. The updated formulary may be obtained from our Web site or by calling

Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069. We will notify beneficiaries in writing prior to making this type of change.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins after this introduction on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SilverScript (Employer PDP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA)

SilverScript (Employer PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript (Employer PDP) before you fill your prescriptions. If you don't get approval, SilverScript (Employer PDP) may not cover the drug.

Quantity Limits (QL)

For certain drugs, SilverScript (Employer PDP) limits the amount of the drug that SilverScript (Employer PDP) will cover. For example, SilverScript (Employer PDP) provides up to nine tablets per prescription for *sumatriptan tab 50mg*.

Step Therapy (ST)

In some cases, SilverScript (Employer PDP) requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript (Employer PDP) may not cover Drug

B unless you try Drug A first. If Drug A does not work for you, SilverScript (Employer PDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

You can ask us to make an exception to these restrictions or limits. See the section, “How do I request an exception to the SilverScript (Employer PDP) formulary?” below for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Customer Care and confirm that your drug is not covered.

If you learn that we do not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by SilverScript (Employer PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by SilverScript (Employer PDP).
- You can ask SilverScript (Employer PDP) to make an exception and cover your drug. See below for information about how to request an exception.

SilverScript (Employer PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. However, State of Kansas has elected to provide additional supplemental coverage in some additional classes including some drugs that are not covered under Medicare Part D, such as prescription Vitamins, some Barbiturates, some Benzodiazepines, and prescription Cough and Cold medications. Please check your formulary for a listing of all covered drugs.

How do I request an exception to the SilverScript (Employer PDP) formulary?

You can ask SilverScript (Employer PDP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs SilverScript (Employer PDP) limits the amount of the drug that we will cover. If applicable, and your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If applicable, and your drug is contained in our Non-Preferred Generic and Brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand tier instead. This would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Tier.

Generally, SilverScript (Employer PDP) will only approve your request for an exception if the alternative generic or preferred formulary drugs would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may

cover a one-time temporary supply from a network pharmacy for up to 30 days (or 31 days if you are a long-term care resident) unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your SilverScript (Employer PDP) prescription drug coverage, please review your Evidence of Coverage.

If you have questions about SilverScript (Employer PDP), please call Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. (TTY Users should call 1-866-236-1069.) Or visit stateofkansas.silverscript.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

SilverScript (Employer PDP)'s Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by SilverScript (Employer PDP). If you have trouble finding your drug in the list, turn to the Index at the back of this book.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lowercase italics (e.g., *levothyroxine*).

The information in the Notes column tells you if SilverScript (Employer PDP) has any special requirements for coverage of your drug.

- QL stands for Quantity Limits,
- PA stands for Prior Authorization,
- ST stands for Step Therapy,
- B/D stands for drugs that may be covered under Medicare Part B or D.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-800-837-4092, 24 hours a day, 7 days a week. TTY Users should call 1-866-236-1069.
- NM Not available at mail-order.
- HR High Risk Drug. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

GC We provide coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

2013 Copper_4T
(Effective January 1)

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol inj 500mg (generic of ALOPRIM)	1	
allopurinol tab (generic of ZYLOPRIM)	1	
ALOPRIM	3	
colchicine w/ probenecid	1	
COLCRYS	2	QL QL (60 tabs / 30 days)
probenecid	1	
ULORIC	2	ST
ZYLOPRIM	3	
MISCELLANEOUS		
ARTHROTEC	3	
VIMOVO	3	
NARCOTIC ANALGESICS		
acetaminophen w/ codeine	1	QL
SOLN		
QL (5000mL / 30 days)		
acetaminophen w/ codeine	1	QL
TABS		
QL (400 tabs / 30 days)		
acetaminophen w/ codeine (generic of TYLENOL/CODEINE #3)	1	QL
TABS		
QL (400 tabs / 30 days)		
acetaminophen w/ codeine (generic of TYLENOL/CODEINE #4)	1	QL
TABS		
QL (400 tabs / 30 days)		
acetaminophen-caff-dihydroco d	1	QL
QL (150 tabs / 30 days)		
ascomp with codeine (generic of FIORINAL/CODEINE #3)	1	QL
QL (180 caps / 30 days)		
butalbital-acetaminophen-caff eine w/ codeine (generic of FIORICET/CODEINE)	1	QL
QL (180 caps / 30 days)		

Drug Name	Tier	Drug Requirements/ Limits
butalbital-aspirin-caffeine w/cod (generic of FIORINAL/CODEINE #3) QL (180 caps / 30 days)	1	QL
butorphanol nasal spray QL (3 bottles / 30 days)	1	QL
butorphanol tartrate	1	
BUTRANS 5mcg/hr QL (16 ea / 28 days)	3	QL
BUTRANS 10mcg/hr QL (8 ea / 28 days)	3	QL
BUTRANS 20mcg/hr QL (4 ea / 28 days)	3	QL
CAPITAL AND CODEINE QL (5000mL / 30 days)	3	QL
co-gesic (generic of LORTAB) QL (240 tabs / 30 days)	1	QL
FIORICET/CODEINE QL (180 caps / 30 days)	3	QL
FIORINAL/CODEINE #3 QL (180 caps / 30 days)	3	QL
HYCET QL (5400mL / 30 days)	3	QL
hydrocodone-acetaminophen 5-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 5-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 5-500mg (generic of LORTAB) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-325 mg/15ml (generic of HYCET) QL (5400mL / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-500mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-325mg (generic of LORTAB) QL (240 tabs / 30 days)	1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy
 mail-order **B/D** - Covered under Medicare B or D

NM - Not available at
LA - Limited Access

Drug Name	Drug Requirements/ Tier Limits	
hydrocodone-acetaminophen 7.5-500mg/15ml (generic of LORTAB) QL (3600mL / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-650mg (generic of ANEXSIA) QL (185 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 7.5-750mg QL (160 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-300mg (generic of XODOL) QL (400 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-500mg (generic of LORTAB) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-650mg (generic of LORCET 10/650) QL (185 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-660mg QL (181 tabs / 30 days)	1	QL
hydrocodone-acetaminophen 10-750mg (generic of MAXIDONE) QL (160 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 2.5-500mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325mg (generic of NORCO) QL (360 tabs / 30 days)	1	QL
hydrocodone-ibuprofen (generic of VICOPROFEN) QL (150 tabs / 30 days)	1	QL
LORCET 10/650 QL (185 tabs / 30 days)	3	QL
LORCET PLUS QL (185 tabs / 30 days)	3	QL
LORTAB 5/500 QL (240 tabs / 30 days)	3	QL
LORTAB 7.5/500 ELIX QL (3600mL / 30 days)	3	QL
LORTAB 7.5/500 TABS QL (240 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier Limits	
LORTAB 10/500 QL (240 tabs / 30 days)	3	QL
MAXIDONE QL (160 tabs / 30 days)	3	QL
NORCO 5/325 QL (360 tabs / 30 days)	3	QL
NORCO 7.5/325 QL (360 tabs / 30 days)	3	QL
NORCO 10/325 QL (360 tabs / 30 days)	3	QL
REPREXAIN 2.5/200 QL (150 tabs / 30 days)	3	QL
REPREXAIN 5/200 QL (150 tabs / 30 days)	3	QL
repxain 10/200 QL (150 tabs / 30 days)	1	QL
stagesic 5/500 QL (240 caps / 30 days)	1	QL
SYNALGOS-DC QL (360 caps / 30 days)	3	QL
TYLENOL/CODEINE #3 QL (400 tabs / 30 days)	3	QL
TYLENOL/CODEINE #4 QL (400 tabs / 30 days)	3	QL
VICODIN 5/500 QL (240 tabs / 30 days)	3	QL
VICODIN 7.5/750 QL (160 tabs / 30 days)	3	QL
vicodin 10/660 QL (181 tabs / 30 days)	1	QL
VICOPROFEN QL (150 tabs / 30 days)	3	QL
XODOL QL (400 tabs / 30 days)	3	QL
ZAMICET QL (5400mL / 30 days)	3	QL
ZYDONE 5/400 QL (300 tabs / 30 days)	3	QL
ZYDONE 7.5/400 QL (300 tabs / 30 days)	3	QL
ZYDONE 10/400 QL (300 tabs / 30 days)	3	QL
NARCOTIC ANALGESICS, CII		
ABSTRAL 100mcg QL (120 ea / 30 days)	3	QL PA
ABSTRAL 200mcg, 300mcg, 400mcg, 600mcg, 800mcg QL (120 ea / 30 days)	4	QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **B/D** - Covered under Medicare B or D

ST - Step Therapy **NM** - Not available at
LA - Limited Access

Drug Name	Drug Requirements/ Tier Limits	
ACTIQ	4	QL NM PA QL (120 lpop / 30 days)
astramorph	1	B/D
AVINZA	3	QL QL (60 ea / 30 days)
codeine sulfate	1	
DILAUDID INJ	3	B/D
DILAUDID TAB	3	
DILAUDID-5 ORAL LIQD	2	
DILAUDID-HP INJ	3	B/D
DOLOPHINE	3	QL QL (240 tabs / 30 days)
DURAGESIC	12mcg/hr, 25mcg/hr	3 QL QL (10 ea / 30 days)
DURAGESIC	50mcg/hr	3 QL PA QL (10 ea / 30 days)
DURAGESIC	75mcg/hr, 100mcg/hr	4 QL NM PA QL (10 ea / 30 days)
duramorph	1	B/D
endocet 5/325 (generic of PERCOCET)	1	QL QL (360 tabs / 30 days)
endocet 7.5/325 (generic of PERCOCET)	1	QL QL (360 tabs / 30 days)
endocet 7.5/500 (generic of PERCOCET)	1	QL QL (240 tabs / 30 days)
endocet 10/325 (generic of PERCOCET)	1	QL QL (360 tabs / 30 days)
endocet 10/650 (generic of PERCOCET)	1	QL QL (180 tabs / 30 days)
endodan (generic of PERCODAN)	1	QL QL (360 tabs / 30 days)
endodan reformulated may 2009 (generic of PERCODAN)	1	QL QL (360 tabs / 30 days)
EXALGO	2	QL QL (60 ea / 30 days)
fentanyl citrate (generic of ACTIQ)	4	QL NM PA QL (120 lpop / 30 days)

Drug Name	Tier	Drug Requirements/ Limits
fentanyl patch (generic of DURAGESIC)	1	QL 12mcg/hr, 25mcg/hr QL (10 ea / 30 days)
fentanyl patch (generic of DURAGESIC)	1	QL PA 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 ea / 30 days)
FENTORA	4	QL NM PA QL (120 tabs / 30 days)
hydromorphone hcl (generic of DILAUDID-HP)	1	B/D SOLN
hydromorphone hcl (generic of DILAUDID)	1	TABS
KADIAN	2	QL QL (60 ea / 30 days)
levorphanol tartrate	1	
MAGNACET	3	QL QL (300 tabs / 30 days)
methadone hcl CONC	1	
methadone hcl SOLN	1	
methadone hcl (generic of DOLOPHINE HCL)	1	QL TABS 5mg QL (240 tabs / 30 days)
methadone hcl (generic of DOLOPHINE)	1	QL TABS 10mg QL (240 tabs / 30 days)
METHADONE INJ 10MG/ML	3	
methadose (generic of DOLOPHINE)	1	QL QL (240 tabs / 30 days)
morphine sul 20mg/ml oral sol	1	
MORPHINE SULFATE	3	
SOLN 10mg/5ml, 20mg/5ml		
morphine sulfate SOLN	1	B/D .5mg/ml, 1mg/ml
morphine sulfate TABS	1	QL QL (180 tabs / 30 days)
morphine sulfate ext-rel tab (generic of MS CONTIN)	1	QL 15mg, 30mg, 60mg, 100mg QL (90 ea / 30 days)
morphine sulfate ext-rel tab (generic of MS CONTIN)	1	QL 200mg QL (60 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy
mail-order **B/D** - Covered under Medicare B or D **NM** - Not available at

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Drug Name	Drug Requirements/ Tier Limits		
MS CONTIN 15mg, 30mg, 60mg, 100mg QL (90 ea / 30 days)	3	QL	
MS CONTIN 200mg QL (60 ea / 30 days)	3	QL	
NUCYNTA	3		
NUCYNTA ER 50mg, 100mg QL (120 ea / 30 days)	3	QL	
NUCYNTA ER 150mg, 200mg, 250mg QL (60 ea / 30 days)	3	QL	
ONSOLIS QL (120 ea / 30 days)	4	QL NM PA	
OPANA	3		
OPANA ER (CRUSH RESISTANT QL (120 ea / 30 days)	3	QL	
oxycodone hcl CAPS QL (180 caps / 30 days)	1	QL	
oxycodone hcl CONC	1		
oxycodone hcl (generic of ROXICODONE) TABS QL (180 tabs / 30 days)	1	QL	
oxycodone w/ acetaminophen 2.5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	
oxycodone w/ acetaminophen 5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	
oxycodone w/ acetaminophen 5-500mg (generic of TYLOX) QL (240 caps / 30 days)	1	QL	
oxycodone w/ acetaminophen 7.5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	
oxycodone w/ acetaminophen 7.5-500mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL	
oxycodone w/ acetaminophen 10-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	

Drug Name	Drug Requirements/ Tier Limits		
oxycodone w/ acetaminophen 10-650mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL	
oxycodone-aspirin (generic of PERCODAN) QL (360 tabs / 30 days)	1	QL	
oxycodone-ibuprofen QL (28 tabs / 30 days)	1	QL	
OXYCONTIN QL (120 ea / 30 days)	3	QL	
oxymorphone er QL (120 ea / 30 days)	1	QL	
oxymorphone hcl (generic of OPANA)	1		
PERCO CET 2.5/325 QL (360 tabs / 30 days)	3	QL	
PERCO CET 5/325 QL (360 tabs / 30 days)	3	QL	
PERCO CET 7.5/325 QL (360 tabs / 30 days)	3	QL	
PERCO CET 7.5/500 QL (240 tabs / 30 days)	3	QL	
PERCO CET 10/325 QL (360 tabs / 30 days)	3	QL	
PERCO CET 10/650 QL (180 tabs / 30 days)	3	QL	
PERCODAN QL (360 tabs / 30 days)	3	QL	
ROXICET QL (1800mL / 30 days)	2	QL	
ROXICET 5/500 QL (240 tabs / 30 days)	3	QL	
ROXICODONE 15mg, 30mg QL (180 tabs / 30 days)	3	QL	
TYLOX QL (240 caps / 30 days)	3	QL	
NON-NARCOTIC ANALGESICS			
RYZOLT	3		
tramadol hcl	1		
tramadol hcl er (generic of ULTRAM ER)	1		
tramadol hcl tab 50 mg (generic of ULTRAM) QL (240 tabs / 30 days)	1	QL	
tramadol-acetaminophen (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL	

PA - Prior Authorization **QL** - Quantity Limits **mail-order** **B/D** - Covered under Medicare B or D

ST - Step Therapy **NM** - Not available at
LA - Limited Access

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ULTRACET QL (240 tabs / 30 days)	3	QL
ULTRAM QL (240 tabs / 30 days)	3	QL
ULTRAM ER	3	
NSAIDS		
ANAPROX	3	
ANAPROX DS	3	
CATAFLAM	3	
CELEBREX 50mg, 100mg, 200mg	2	
CELEBREX 400mg	2	PA
CLINORIL	3	
DAYPRO	3	
diclofenac potassium (generic of CATAFLAM)	1	
diclofenac sodium (generic of VOLTAREN-XR) TB24	1	
diclofenac sodium TBEC	1	
diflunisal	1	
EC-NAPROSYN	3	
etodolac	1	
FELDENE	3	
fenoprofen calcium	1	
flurbiprofen	1	
ibuprofen	1	
ketoprofen	1	
mefenamic acid (generic of PONSTEL)	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
meloxicam tabs (generic of MOBIC)	1	
MOBIC	3	
nabumetone	1	
NALFON	3	
NAPRELAN	3	
NAPROSYN	3	
naproxen (generic of NAPROSYN) SUSP; TABS	1	
naproxen (generic of EC-NAPROSYN) TBEC	1	
naproxen sodium (generic of ANAPROX) 275mg	1	
naproxen sodium (generic of ANAPROX DS) 550mg	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
oxaprozin (generic of DAYPRO)	1	
piroxicam (generic of FELDENE)	1	
PONSTEL	3	
sulindac 150mg	1	
sulindac (generic of CLINORIL) 200mg	1	
tolmetin sodium	1	
VOLTAREN-XR	3	
ZIPSOR	3	
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) 1%	1	
lidocaine hcl (local anesth.) (generic of XYLOCAINE) .5%	1	
XYLOCAINE 1%	3	
ANTI-INFECTIVES		
ANTIBACTERIALS		
amikacin sulfate	1	
amoxicillin	1	
amoxicillin & pot clavulanate CHEW	1	
amoxicillin & pot clavulanate (generic of AUGMENTIN) CHEW	1	
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate (generic of AUGMENTIN) SUSR	1	
amoxicillin & pot clavulanate TABS	1	
amoxicillin & pot clavulanate (generic of AUGMENTIN) TABS	1	
amoxicillin & pot clavulanate (generic of AUGMENTIN XR) TB12	1	
ampicillin	1	
ampicillin & sulbactam sodium	1	
ampicillin & sulbactam sodium (generic of UNASYN)	1	
ampicillin inj	1	
AVELOX	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
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Drug Name	Drug Requirements/ Tier	Limits
AVELOX ABC PACK	2	
<i>azithromycin</i> (generic of ZITHROMAX)	1	
BACTOCILL IN DEXTROSE	3	
BIAXIN	3	
BIAXIN XL	3	
BIAXIN XL PAC	3	
BICILLIN C-R	3	
BICILLIN L-A	3	
CEDAX	3	
<i>cefaclor</i>	1	
CEFACLOR ER	2	
<i>cefadroxil</i>	1	
<i>cefazolin inj</i>	1	
CEFAZOLIN/DEXTROSE	2	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i> (generic of CLAFORAN)	1	
CEFOTETAN	3	
CEFOXITIN SODIUM	3	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> (generic of FORTAZ)	1	
CEFTAZIDIME/DEXTROSE	2	
CEFTIN	3	
<i>ceftriaxone sodium</i> 1gm, 2gm, 10gm, 250mg	1	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) 500mg	1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	1	
<i>cefuroxime sodium</i> (generic of ZINACEF)	1	
<i>cephalexin</i> (generic of KEFLEX) CAPS	1	
<i>cephalexin</i> SUSR; TABS	1	
CIPRO	3	
CIPRO I.V.-IN D5W	3	
<i>ciprofloxacin hcl</i> 100mg	1	
<i>ciprofloxacin hcl</i> (generic of CIPRO) 250mg, 500mg, 750mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin-ciprofloxacin hcl</i>	1	
<i>ciprofloxacin inj</i>	1	
CLAFORAN	3	
<i>clarithromycin</i> SUSR 125mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) SUSR 250mg/5ml	1	
<i>clarithromycin</i> (generic of BIAXIN) TABS	1	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24	1	
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	4	NM ST
DORYX	3	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg	1	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg	1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>doxycycline hyclate</i> SOLR	1	
<i>doxycycline hyclate</i> TABS	1	
<i>doxycycline hyclate</i> TBEC	1	
DYNACIN	3	
e.e.s.	1	
E.E.S. GRANULES	2	
<i>ery-tab</i> 250mg	2	
ERY-TAB 333mg, 500mg	2	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN	3	
LACTOBIONATE		
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin stearate</i>	1	
FACTIVE	3	
FORTAZ	3	

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Drug Name	Drug Requirements/ Tier	Limits
GENTAMICIN IN SALINE 0.9 MG/ML	3	
GENTAMICIN IN SALINE 1.4 MG/ML	3	
<i>gentamicin in saline 60mg</i>	1	
<i>gentamicin in saline 80mg</i>	1	
<i>gentamicin in saline 100mg</i>	1	
<i>gentamicin sulfate</i>	1	
KEFLEX	3	
LEVAQUIN	3	
LEVAQUIN INJ	3	
LEVAQUIN ORAL SOLUTION	3	
<i>levofloxacin</i> SOLN 25mg/ml	1	
<i>levofloxacin</i> (generic of LEVAQUIN) SOLN 25mg/ml	1	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	1	
<i>levofloxacin</i> in d5w (generic of LEVAQUIN)	1	
MINOCIN	3	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	1	
<i>minocycline hcl</i> CAPS 75mg	1	
<i>minocycline hcl</i> (generic of DYNACIN) TABS	1	
<i>minocycline hcl</i> (generic of SOLODYN) TB24	1	
MONODOX	3	
MOXATAG	3	
<i>nafcillin sodium</i>	1	
NALLPEN/DEXTROSE	3	
<i>neomycin sulfate</i>	1	
NOROXIN	3	
<i>oxacillin sodium</i>	1	
<i>paromomycin sulfate</i>	1	
PCE	3	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
PFIZERPEN	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	1	
ROCEPHIN	3	
SOLODYN 45mg	3	
SOLODYN 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	4	NM
<i>streptomycin sulfate</i>	1	
SULFADIAZINE	2	
SUPRAX	2	
TEFLARO	3	
<i>tetracycline hcl</i>	1	
TIMENTIN	3	
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN SULFATE/SODIUM	2	
UNASYN	3	
UNASYN BULK PACK	3	
VIBRAMYCIN CAPS; SUSR	3	
VIBRAMYCIN SYRP	2	
ZINACEF 1.5gm, 750mg	3	
<i>zinacef</i> (generic of ZINACEF) 7.5gm	3	
ZINACEF IN SOLUTION	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZMAX	2	
ZOSYN	3	
ANTIFUNGALS		
ABELCET	4	B/D NM
AMBISOME	4	B/D NM
AMPHOTEC	3	B/D
<i>amphotericin b</i>	1	B/D
ANCOBON	4	NM
CANCIDAS	4	NM
DIFLUCAN	3	
ERAXIS	4	NM
<i>fluconazole</i> (generic of DIFLUCAN)	1	
<i>fluconazole</i> in dextrose	1	
<i>flucytosine</i> (generic of ANCOBON)	4	NM
GRIS-PEG	2	
<i>griseofulvin microsize</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>itraconazole</i> (generic of SPORANOX)	1	PA
<i>ketoconazole</i>	1	
LAMISIL PACK	3	
LAMISIL TABS QL (90 tabs / year)	3	QL
MYCAMINE	4	NM
NOXAFILE	4	NM
<i>nystatin</i>	1	
SPORANOX CAPS	4	NM PA
SPORANOX SOLN	4	NM
SPORANOX PULSEPAK	4	NM PA
<i>terbinafine hcl</i> (generic of LAMISIL) QL (90 tabs / year)	1	QL
VFEND	4	NM
VFEND IV	3	
VFEND SUS 40MG/ML	4	NM
voriconazole (generic of VFEND)	4	NM
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	1	
<i>chloroquine phosphate</i> 250mg	1	
<i>chloroquine phosphate</i> (generic of ARALEN) 500mg	1	
COARTEM	3	
DARAPRIM	3	
MALARONE	3	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
QUALAQUIN	3	
ANTIRETROVIRAL AGENTS		
APTVUS	4	NM
ATRIPLA	4	NM
COMBIVIR	4	NM
COMPLERA	4	NM
CRIXIVAN	3	
<i>didanosine</i> (generic of VIDEX EC)	1	
EDURANT	4	NM
EMTRIVA	2	
EPIVIR	3	
EPIVIR SOL 10MG/ML	2	
EPZICOM	4	NM
FUZEON	4	NM

Drug Name	Drug Requirements/ Tier	Limits
INTELENCE	4	NM
INVIRASE CAPS	3	
INVIRASE TABS	4	NM
ISENTRESS	4	NM
KALETRA SOL	4	NM
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	4	NM
<i>lamivudine</i> (generic of EPIVIR)	1	
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	4	NM
LEXIVA	3	
<i>nevirapine</i> (generic of VIRAMUNE)	1	
NORVIR	2	
PREZISTA 75mg	2	
PREZISTA 150mg, 400mg, 600mg	4	NM
RESCRIPTOR	3	
RETROVIR	3	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	4	NM
<i>stavudine</i> (generic of ZERIT)	1	
SUSTIVA	2	
TRIZIVIR	4	NM
TRUVADA	4	NM
VIDEX EC	3	
VIDEX PEDIATRIC	3	
VIRACEPT	4	NM
VIRAMUNE	3	
VIRAMUNE XR	3	
VIREAD	4	NM
ZERIT	3	
ZIAGEN	3	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	1	
<i>zidovudine</i> TABS	1	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	3	
<i>ethambutol hcl</i> (generic of MYAMBUTOL)	1	
<i>isoniazid</i>	1	
<i>isoniazid tabs</i>	1	
MYCOBUTIN	2	
PASER D/R	3	

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Drug Name	Drug Requirements/ Tier	Limits
PRIFTIN	2	
RIFADIN	3	
RIFAMATE	3	
<i>rifampin</i> (generic of RIFADIN)	1	
RIFATER	3	
SEROMYCIN	3	
TRECATOR	2	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX)	1	
<i>acyclovir sodium</i>	1	B/D
BARACLUDE	2	
COPEGUS	4	NM PA
CYTOVENE	3	B/D
EPIVIR HBV	2	
<i>famciclovir</i> (generic of FAMVIR)	1	
FAMVIR	3	
<i>foscarnet sodium</i> (generic of FOSCAVIR)	1	
<i>ganciclovir cap 250 mg</i>	1	
<i>ganciclovir cap 500 mg</i>	1	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	1	B/D
HEPSERA	4	NM ST
INCIVEK	4	QL NM PA QL (180 tabs / 30 days)
REBETOL	4	NM PA
RELENZA DISKHALER	2	
RIBAPAK	4	NM PA
<i>ribasphere</i>	4	NM PA
<i>ribasphere 200mg</i> (generic of REBETOL) CAPS	1	NM PA
<i>ribasphere 200mg</i> (generic of COPEGUS) TABS	1	NM PA
<i>ribavirin 200mg</i> (generic of REBETOL) CAPS	1	NM PA
<i>ribavirin 200mg</i> (generic of COPEGUS) TABS	1	NM PA
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	1	
TAMIFLU	2	
TYZEKA	3	
<i>valacyclovir hcl</i> (generic of VALTREX)	1	
VALCYTE	4	NM
VALTREX	3	

Drug Name	Drug Requirements/ Tier	Limits
VICTRELIS	4	NM PA
VISTIDE	3	
ZOVIRAX CAPS; SUSP; TABS	3	
MISCELLANEOUS		
ALBENZA	3	
ALINIA SUSR	3	QL (9 bottles / 30 days)
ALINIA TABS	3	QL (20 tabs / 30 days)
AZACTAM	3	
AZACTAM IN DEXTROSE	3	
<i>aztreonam</i> (generic of AZACTAM)	1	
BACTRIM	3	
BACTRIM DS	3	
BILTRICIDE	2	
CLEOCIN CAPS	3	
CLEOCIN CAP 75MG	3	
CLEOCIN IN D5W	3	
CLEOCIN INJ	3	
CLEOCIN PHOSPHATE	3	
<i>clindamycin hcl</i> (generic of CLEOCIN)	1	
<i>clindamycin palmitate</i>	1	
<i>hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE)		
<i>clindamycin phosphate</i>	1	
(generic of CLEOCIN PHOSPHATE)		
<i>colistimethate sodium</i>	1	B/D
(generic of COLY-MYCIN M)		
COLY-MYCIN M	3	B/D
CUBICIN	4	B/D NM
dapsone	1	
DORIBAX	3	
FLAGYL	3	
FLAGYL ER	3	
FURADANTIN	3	PA
HIPREX	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	1	
INVANZ	3	
MACROBID	3	PA
MACRODANTIN 25mg	2	PA
MACRODANTIN 100mg	3	PA

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Drug Name	Drug Requirements/ Tier Limits	
MEPRON	4	NM
<i>meropenem</i> (generic of MERREM)	1	
MERREM	3	
<i>methenamine hippurate</i> (generic of HIPREX)	1	
<i>metronidazole</i> (generic of FLAGYL)	1	
<i>metronidazole inj</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin</i> (generic of FURADANTIN)	1	PA
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN)	1	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	1	PA
PENTAM 300	3	
<i>polymyxin b sulfate</i>	1	
PRIMAXIN	3	
PRIMSOL	3	
SEPTRA DS	3	
STROMECTOL	3	
<i>sulfamethoxazole-trimethop</i> SUSP	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM) TABS	1	
<i>sulfamethoxazole-trimethop</i> (generic of BACTRIM DS) TABS	1	
<i>sulfamethoxazole-trimethop iv</i> soln	1	
SYNERCID	4	NM
<i>trimethoprim</i>	1	
TYGACIL	4	NM
VANCOCIN HCL	4	NM
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	4	NM
<i>vancomycin hcl</i> SOLR	1	B/D
VIBATIV	3	
XIFAXAN TAB 200MG	4	NM
ZYVOX	4	NM
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN	3	B/D
BICNU	3	B/D
BUSULFEX	3	B/D
CEENU	2	

Drug Name	Tier	Drug Requirements/ Limits
cyclophosphamide	1	B/D
dacarbazine	1	B/D
EMCYT	2	
HEXALEN	4	NM
IFEX INJ 3GM	3	B/D
IFOSFAMIDE	1	B/D
LEUKERAN	2	
<i>melphalan hcl</i> (generic of ALKERAN)	4	B/D NM
MUSTARGEN	3	B/D
THIOTEPA	3	B/D
TREANDA	4	B/D NM
ZANOSAR	3	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	1	B/D
CERUBIDINE	3	B/D
<i>daunorubicin hcl</i>	1	B/D
DOXIL	4	B/D NM
<i>doxorubicin hcl</i>	1	B/D
ELLENCE	4	B/D NM
EPIRUBICIN HCL	1	B/D
IDAMYCIN PFS	3	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	4	B/D NM
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	4	B/D NM
<i>mitomycin</i>	1	B/D
ANTIMETABOLITES		
ALIMTA	4	B/D NM
ARRANON	3	B/D
CLOLAR	3	B/D
<i>cytarabine inj 20mg/ml</i>	1	B/D
CYTARABINE INJ 100MG/ML	3	B/D
<i>cytarabine inj 500mg</i>	1	B/D
DACOGEN	3	B/D NM
<i>fluorouracil inj</i>	1	B/D
<i>gemcitabine hcl</i> (generic of GEMZAR)	4	B/D NM
GEMZAR	4	B/D NM
<i>mercaptopurine</i> (generic of PURINETHOL)	1	
<i>methotrexate sodium inj</i>	1	B/D
NIPENT	3	B/D
<i>pentostatin</i> (generic of NIPENT)	4	B/D NM
PURINETHOL	3	

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Drug Name	Drug Requirements/ Tier	Limits
TABLOID	2	
VIDAZA	4	B/D NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	4	B/D NM
<i>docetaxel</i> CONC	4	B/D NM
DOCETAXEL SOLN	4	B/D NM
<i>paclitaxel</i>	1	B/D
TAXOTERE	4	B/D NM
ANTIMITOTIC, VINCA ALKALOIDS		
VINBLASTINE SULFATE	2	B/D
<i>vincasar</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
vinorelbine tartrate (generic of NAVELBINE)	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	4	B/D NM
CAMPATH	4	B/D NM
ERBITUX	4	B/D NM
ERIVEDGE	4	NM LA PA
HERCEPTIN	4	B/D NM
ISTODAX	4	B/D NM
ONTAK	4	B/D NM
PROLEUKIN	4	B/D NM
RITUXAN	4	NM PA
TORISEL	4	B/D NM
VECTIBIX	3	B/D NM
VELCADE	4	B/D NM
ZOLINZA	4	NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX)	1	
ARIMIDEX	3	
AROMASIN	3	ST
ARZERRA	4	B/D NM
<i>bicalutamide</i> (generic of CASODEX)	1	
CASODEX	3	
DEPO-PROVERA INJ 400/ML	2	B/D
ELIGARD	3	B/D NM
<i>exemestane</i> (generic of AROMASIN)	1	ST
FARESTON	3	
FASLODEX	4	B/D NM
FEMARA	3	ST
FIRMAGON	3	B/D NM
<i>flutamide</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>letrozole</i> (generic of FEMARA)	1	ST
<i>leuprolide acetate</i>	1	NM PA
LUPRON DEPOT 3.75mg, 7.5mg, 22.5mg, 30mg	4	NM PA
LUPRON DEPOT-PED	4	NM PA
LYSODREN	4	NM
MEGACE ES	2	
MEGACE ORAL	3	
<i>megestrol acetate</i> (generic of MEGACE ORAL) SUSP	1	
<i>megestrol acetate</i> TABS	1	
NILANDRON	3	
<i>tamoxifen citrate</i>	1	
TRELSTAR DEPOT	4	NM PA
MIXJECT		
TRELSTAR LA MIXJECT	4	NM PA
TRELSTAR MIXJECT	4	NM PA
ZYTIGA	4	NM PA
KINASE INHIBITORS		
AFINITOR	4	NM
CAPRELSA	4	NM LA PA
GLEEVEC	4	NM PA
INLYTA	4	NM LA PA
JAKAFI	4	QL NM LA PA
	QL (60 tabs / 30 days)	
NEXAVAR	4	NM LA PA
SPRYCEL	4	NM PA
SUTENT	4	NM PA
TARCEVA	4	NM PA
TASIGNA	4	NM PA
TYKERB	4	NM LA
VOTRIENT	4	NM
XALKORI	4	NM LA PA
ZELBORAF	4	NM LA PA
MISCELLANEOUS		
DROXIA	2	
ELSPAR	3	B/D NM
HALAVEN	4	B/D NM
HYDREA	3	
<i>hydroxyurea</i> (generic of HYDREA)	1	
IRINOTECAN	4	B/D NM
IXEMPRA KIT	4	B/D NM
MATULANE	4	NM
<i>mitoxantrone hcl</i>	1	B/D NM
SYLATRON	4	NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TARGRETIN CAPS	4	NM PA
TRETINOIN CAPS	4	NM
TRISENOX	4	B/D NM
UVADEX	3	B/D
NUCLEOSIDE ANALOGS		
cladribine	4	B/D NM
FLUDARABINE PHOSPHATE	1	B/D
PLATINUM COORDINATION COMPLEX		
carboplatin	1	B/D
cisplatin	1	B/D
ELOXATIN	4	B/D NM
OXALIPLATIN	4	B/D NM
PROTECTIVE AGENTS		
amifostine crystalline (generic of ETHYOL)	4	B/D NM
dexrazoxane (generic of ZINECARD)	4	B/D NM
ELITEK	4	B/D NM
ETHYOL	4	B/D NM
KEPIVANCE	4	B/D NM
leucovor ca inj	1	B/D
leucovorin calcium 5mg, 25mg	1	
leucovorin calcium 10mg, 15mg	2	
mesna (generic of MESNEX)	1	B/D
MESNEX SOLN	3	B/D
MESNEX TABS	4	NM
ZINECARD	3	B/D
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	3	B/D
ETOPOPHOS	3	B/D
etoposide	1	B/D
HYCAMTIN	4	B/D NM
toposar	1	B/D
topotecan hcl (generic of HYCAMTIN)	4	B/D NM
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	
amlodipine	1	
besylate-benazepril hcl (generic of LOTREL)		
benazepril & hydrochlorothiazide	1	
benazepril & hydrochlorothiazide (generic of LOTENSIN HCT)		

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide (generic of VASERETIC)	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide (generic of PRINZIDE)	1	
lisinopril & hydrochlorothiazide (generic of ZESTORETIC)	1	
LOTENSIN HCT	3	
LOTREL	3	
moexipril-hydrochlorothiazide (generic of UNIRETIC)	1	
PRINZIDE	3	
quinapril-hydrochlorothiazide (generic of ACCURETIC)	1	
TARKA	3	
UNIRETIC	3	
VASERETIC	3	
ZESTORETIC	3	
ACE INHIBITORS		
ACCUPRIL	3	
ACEON	3	
ALTACE	3	
benazepril hcl 5mg	1	
benazepril hcl (generic of LOTENSIN) 10mg, 20mg, 40mg	1	
captopril	1	
enalapril maleate (generic of VASOTEC)	1	
fosinopril sodium	1	
lisinopril (generic of ZESTRIL) 2.5mg, 30mg, 40mg	1	
lisinopril (generic of PRINIVIL) 5mg, 10mg, 20mg	1	
LOTENSIN	3	
MAVIK	3	
moexipril hcl (generic of UNIVASC)	1	
perindopril erbumine 2mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
perindopril erbumine (generic of ACEON)	1	4mg, 8mg
PRINIVIL	3	
quinapril hcl (generic of ACCUPRIL)	1	
ramipril (generic of ALTACE)	1	
trandolapril (generic of MAVIK)	1	
UNIVASC	3	
VASOTEC	3	
ZESTRIL	3	
ADRENOLYTICS, CENTRAL		
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
clonidine hcl (generic of CATAPRES-TTS-1)	1	PTWK .1mg/24hr
clonidine hcl (generic of CATAPRES-TTS-2)	1	PTWK .2mg/24hr
clonidine hcl (generic of CATAPRES-TTS-3)	1	PTWK .3mg/24hr
clonidine hcl (generic of CATAPRES)	1	TABS
guanfacine hcl (generic of TENEX)	1	
TENEX	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	3	
eplerenone (generic of INSPRA)	1	PA
INSPRA	3	PA
spironolactone (generic of ALDACTONE)	1	
ALPHA BLOCKERS		
CARDURA	3	
doxazosin mesylate (generic of CARDURA)	1	
MINIPRESS	3	
prazosin hcl (generic of MINIPRESS)	1	
terazosin hcl	1	

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
ATACAND HCT	3	
AVALIDE	3	
AZOR	2	
BENICAR HCT	2	
DIOVAN HCT	3	
EDARBYCLOR	3	
EXFORGE	2	
EXFORGE HCT	2	5-160-12.5MG
EXFORGE HCT 5-160-25MG	2	
EXFORGE HCT	2	10-160-12.5MG
EXFORGE HCT	2	10-160-25MG
EXFORGE HCT	2	10-320-25MG
HYZAAR	3	
irbesartan-hydrochlorothiazide (generic of AVALIDE)	1	
losartan potassium & hydrochlorothiazide (generic of HYZAAR)	1	
MICARDIS HCT	3	
TEVETEN HCT	3	
TRIBENZOR	2	
TWYNSTA	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	3	
AVAPRO	3	
BENICAR	2	
COZAAR	3	
DIOVAN	3	
EDARBI	3	
eprosartan mesylate (generic of TEVETEN)	1	
irbesartan (generic of AVAPRO)	1	
losartan potassium (generic of COZAAR)	1	
MICARDIS	3	
TEVETEN	3	
ANTIARRHYTHMICS		

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Drug Name	Drug Requirements/ Tier Limits	
amiodarone hcl (generic of CORDARONE) 200mg	1	
amiodarone hcl (generic of PACERONE) 400mg	1	
amiodarone inj 50mg/ml	1	
BETAPACE	3	
BETAPACE AF	3	
CORDARONE	3	
disopyramide phosphate (generic of NORPACE)	1	
flecainide acetate (generic of TAMBOCOR)	1	
mexiletine hcl	1	
MULTAQ	3	
NORPACE	3	
NORPACE CR	3	
PACERONE 100mg, 400mg	3	
pacerone (generic of CORDARONE) 200mg	1	
propafenone hcl (generic of RYTHMOL SR) CP12	1	
propafenone hcl (generic of RYTHMOL) TABS 150mg, 225mg	1	
propafenone hcl TABS 300mg	1	
quinidine gluconate er	1	
quinidine sulfate	1	
RYTHMOL	3	
RYTHMOL SR	3	
sorine (generic of BETAPACE) 80mg, 120mg, 160mg	1	
sorine 240mg	1	
sotalol hcl (generic of BETAPACE) 80mg, 120mg, 160mg	1	
sotalol hcl 240mg	1	
TIKOSYN	3	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	3	
atorvastatin calcium (generic of LIPITOR) QL (30 tabs / 30 days)	1	QL
CRESTOR	3	

Drug Name	Drug Requirements/ Tier Limits	
fluvastatin sodium (generic of LESCOL)	1	
LESCOL	3	
LESCOL XL	3	
LIPITOR	3	
LIVALO	3	
lovastatin 10mg	1	
lovastatin (generic of MEVACOR) 20mg, 40mg	1	
MEVACOR	3	
PRAVACHOL	3	
pravastatin sodium 10mg	1	
pravastatin sodium (generic of PRAVACHOL) 20mg, 40mg, 80mg	1	
simvastatin (generic of ZOCOR) 5mg, 10mg, 20mg, 40mg	1	
simvastatin (generic of ZOCOR) 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR 5mg, 10mg, 20mg, 40mg	3	
ZOCOR 80mg QL (30 tabs / 30 days)	3	QL
ANTILIPEMICS, MISCELLANEOUS		
ADVICOR	3	
ANTARA	2	
cholestyramine light (generic of QUESTRAN LIGHT)	1	
COLESTID	3	
colestipol hcl (generic of COLESTID)	1	
fenofibrate (generic of LOFIBRA)	1	
fenofibrate micronized (generic of LOFIBRA)	1	
FENOGLIDE	3	
FIBRICOR	3	
gemfibrozil (generic of LOPID)	1	
LIPOFEN	3	
LOFIBRA	3	
LOPID	3	
LOVAZA	2	
niacor	1	
NIASPAN	2	

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Drug Name	Drug Requirements/ Tier	Limits
prevalite (generic of QUESTRAN LIGHT)	1	
QUESTRAN	3	
SIMCOR TAB 50-40MG	2	
SIMCOR TAB 500-20MG	2	
SIMCOR TAB 750-20MG	2	
SIMCOR TAB 1000-40MG	2	
TRICOR	2	
TRILPIX	3	
VYTORIN	3	
WELCHOL	2	
ZETIA	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone (generic of TENORETIC 50)	1	
atenolol & chlorthalidone (generic of TENORETIC 100)	1	
bisoprolol & hydrochlorothiazide (generic of ZIAC)	1	
CORZIDE	3	
LOPRESSOR HCT	3	
metoprolol & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide (generic of LOPRESSOR HCT)	1	
nadolol & bendroflumethiazide (generic of CORZIDE)	1	
propranolol & hydrochlorothiazide	1	
TENORETIC 50	3	
TENORETIC 100	3	
ZIAC	3	
BETA-BLOCKERS		
acebutolol hcl (generic of SECTRAL)	1	
atenolol (generic of TENORMIN)	1	
betaxolol hcl (generic of KERLONE)	1	
bisoprolol fumarate (generic of ZEBETA)	1	
BYSTOLIC	2	
carvedilol (generic of COREG)	1	

Drug Name	Drug Requirements/ Tier	Limits
COREG	3	
COREG CR	3	
CORGARD	3	
INDERAL LA	3	
<i>labetalol hcl</i> SOLN	1	
<i>labetalol hcl</i> (generic of TRANDATE) TABS	1	
LEVATOL	3	
LOPRESSOR	3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) SOLN	1	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>nadolol</i> (generic of CORGARD)	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i> (generic of INDERAL LA)	1	
<i>propranolol inj 1mg/ml</i>	1	
<i>propranolol sol</i>	1	
<i>propranolol tab</i>	1	
SECTRAL	3	
TENORMIN	3	
<i>timolol maleate</i>	1	
TOPROL XL	3	
TRANDATE	3	
ZEBETA	3	
CALCIUM CHANNEL BLOCKER/ANTILIPIDEMIC COMBINATIONS		
CADUET	3	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	3	
<i>afeditab cr</i> (generic of ADALAT CC)	1	
<i>amlodipine besylate</i> (generic of NORVASC)	1	
CALAN	3	
CALAN SR	3	
CARDIZEM	3	
CARDIZEM CD	3	

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Drug Name	Drug Requirements/ Tier	Limits
CARDIZEM LA	3	
cartia (generic of CARDIZEM CD)	1	
COVERA-HS	3	
DILACOR XR	3	
dilt (generic of CARDIZEM CD) 120mg, 300mg	1	
dilt 180mg	1	
dilt (generic of DILACOR XR) 240mg	1	
diltiazem hcl CP12	1	
diltiazem hcl CP24 180mg	1	
diltiazem hcl (generic of DILACOR XR) CP24 240mg	1	
diltiazem hcl SOLN	1	
DILTIAZEM HCL SOLR	3	
diltiazem hcl (generic of CARDIZEM) TABS	1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24	1	
diltiazem hcl coated beads (generic of CARDIZEM LA) TB24	1	
diltiazem hcl extended release beads (generic of TIAZAC)	1	
DYNACIRC CR	3	
felodipine	1	
isradipine	1	
matzim (generic of CARDIZEM LA)	1	
nicardipine hcl CAPS	1	
nifediac (generic of ADALAT CC)	1	
nifedical (generic of PROCARDIA XL)	1	
nifedipine cc tab 90mg er (generic of ADALAT CC)	1	
nifedipine cr (generic of ADALAT CC)	1	
nifedipine er (generic of PROCARDIA XL)	1	
nifedipine xl (generic of PROCARDIA XL)	1	
nimodipine (generic of NIMOTOP)	1	
nisoldipine (generic of SULAR) 8.5mg, 17mg, 34mg	1	

Drug Name	Drug Requirements/ Tier	Limits
nisoldipine 20mg, 25.5mg, 30mg, 40mg	1	
NORVASC	3	
PROCARDIA XL	3	
SULAR	3	
taztia (generic of TIAZAC)	1	
TIAZAC	3	
verapamil hcl (generic of VERELAN PM) CP24 100mg, 200mg, 300mg	1	
verapamil hcl (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
verapamil hcl SOLN	1	
verapamil hcl TABS 40mg	1	
verapamil hcl (generic of CALAN) TABS 80mg, 120mg	1	
verapamil hcl (generic of CALAN SR) TBCR	1	
VERELAN	3	
VERELAN PM	3	
DIGITALIS GLYCOSIDES		
digoxin (generic of LANOXIN)	1	
digoxin inj (generic of LANOXIN)	1	
DIGOXIN SOL 50MCG/ML	1	
LANOXIN	3	
LANOXIN TAB	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
AMTURNIDE	2	
TEKAMLO	2	
TEKTURNA	2	
TEKTURNA HCT TAB 150-12.5MG	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5MG	2	
TEKTURNA HCT TAB 300-25MG	2	
VALTURNA 150-160MG	3	
VALTURNA TAB 300-320MG	3	
DIURETICS		
acetazolamide (generic of DIAMOX) CP12	1	

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Drug Name	Drug Requirements/ Tier	Limits
acetazolamide TABS	1	
acetazolamide sodium	1	
ALDACTAZIDE	3	
amiloride & <i>hydrochlorothiazide</i>	1	
amiloride hcl	1	
bumetanide	1	
chlorothiazide	1	
chlorthalidone	1	
DEMADEX	3	
DIAMOX	3	
DIURIL SUS 250/5ML	2	
DYAZIDE	3	
DYRENIUM	3	
EDECRRIN	3	
furosemide SOLN	1	
furosemide (generic of LASIX) TABS	1	
furosemide inj	1	
FUROSEMIDE ORAL SOLN 8 MG/ML	3	
hydrochlorothiazide (generic of MICROZIDE) CAPS	1	
hydrochlorothiazide TABS	1	
indapamide	1	
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	
methazolamide (generic of NEPTAZANE)	1	
methyclothiazide	1	
metolazone (generic of ZAROXOLYN) 2.5mg, 5mg	1	
metolazone 10mg	1	
MICROZIDE	3	
SODIUM DIURIL	3	
spironolactone & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	1	
THALITONE	2	
TORSEMIDE INJ 20MG/2ML	3	
torsemide tabs (generic of DEMADEX)	1	

Drug Name	Drug Requirements/ Tier	Limits
triamterene & <i>hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYAZIDE)	1	
triamterene & <i>hydrochlorothiazide cap</i> 50-25 mg	1	
triamterene & <i>hydrochlorothiazide tab</i> 37.5-25 mg (generic of MAXZIDE-25)	1	
triamterene & <i>hydrochlorothiazide tab</i> 75-50 mg (generic of MAXZIDE)	1	
MISCELLANEOUS		
clonidine & chlorthalidone	1	
clorpres 0.1/15	1	
clorpres 0.2/15	1	
clorpres 0.3/15	1	
DEM SER	4	NM
DIBENZYLINE	3	
hydralazine hcl	1	
methyldopa	1	
methyldopa & <i>hydrochlorothiazide</i>	1	
midodrine hcl	1	
minoxidil	1	
RANEXA	3	PA
NITRATES		
DILATRATE SR	3	
ISORDIL TITRADOSE	3	
isosorbide dinitrate SUBL	1	
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	1	
isosorbide dinitrate TABS 10mg, 20mg, 30mg	1	
isosorbide dinitrate TBCR	1	
isosorbide dinitrate sl tab 5 mg	1	
isosorbide mononitrate TABS	1	
isosorbide mononitrate (generic of IMDUR) TB24	1	
minitran (generic of NITRO-DUR)	1	
MONOKET	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NITRO-BID	2	
<i>nitroglycerin patches</i>	1	
NITROLINGUAL	3	
PUMPSPRAY		
NITROMIST	3	
NITROSTAT	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	NM PA
LETAIRIS	4	NM LA PA
REMODULIN	4	B/D NM LA
REVATIO TABS	4	NM PA
TRACLEER	4	NM LA PA
VENTAVIS	4	B/D NM LA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS 2mg QL (60 tabs / 30 days)	1	QL
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
ALPRAZOLAM INTENSOL	1	QL QL (120 ml / 30 days)
ATIVAN 2mg	3	QL QL (150 tabs / 30 days)
ATIVAN .5mg, 1mg	3	QL QL (90 tabs / 30 days)
<i>buspirone hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine tab 100mg</i>	1	
<i>lorazepam</i> CONC	1	QL QL (150 mls / 30 days)
<i>lorazepam</i> (generic of ATIVAN) TABS 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
LUVOX CR	3	
XANAX 2mg	3	QL QL (60 tabs / 30 days)
XANAX .25mg, .5mg, 1mg	3	QL QL (90 tabs / 30 days)
ANTICONVULSANTS		
BANZEL	3	
<i>carbamazepine</i> CHEW	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>carbamazepine</i> (generic of CARBATROL) CP12	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	1	
CARBATROL	3	
CELONTIN	3	
<i>clonazepam</i> (generic of KLOONOPIN) TABS 1mg QL (120 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLOONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLOONOPIN) TABS .5mg QL (60 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg QL (60 tabs / 30 days)	1	QL
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 3.75mg, 7.5mg QL (60 tabs / 30 days)	1	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 15mg QL (180 tabs / 30 days)	1	QL PA
DEPACON	3	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>diazepam</i> SOLN QL (1200mL / 30 days)	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg QL (60 tabs / 30 days)	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 10mg QL (120 tabs / 30 days)	1	QL PA
<i>diazepam</i> gel	3	
DIAZEPAM INTENSOL	1	QL PA QL (240 ml / 30 days)
DILANTIN	2	

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Drug Name	Drug Requirements/ Tier	Limits
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CPSP	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	1	
<i>epitol</i> (generic of TEGRETOL)	1	
<i>ethosuximide</i> (generic of ZARONTIN)	1	
<i>felbamate</i> (generic of FELBATOL)	1	
FELBATOL	4	NM
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
GABITRIL	3	
KEPPRA	3	
KEPPRA XR	3	
KLONOPIN 1mg QL (120 tabs / 30 days)	3	QL
KLONOPIN 2mg QL (300 tabs / 30 days)	3	QL
KLONOPIN .5mg QL (60 tabs / 30 days)	3	QL
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERS	3	
LAMICTAL ODT	3	
LAMICTAL STARTER	3	
LAMICTAL XR	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	1	
<i>levetiracetam</i> (generic of KEPPTRA) SOLN; TABS	1	
<i>levetiracetam</i> (generic of KEPPTRA XR) TB24	1	
LYRICA 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL
LYRICA 200mg QL (90 caps / 30 days)	2	QL
LYRICA 225mg, 300mg QL (60 caps / 30 days)	2	QL
mysoline	3	
NEURONTIN CAPS 100mg QL (1080 caps / 30 days)	3	QL
NEURONTIN CAPS 300mg QL (360 caps / 30 days)	3	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
NEURONTIN SOLN QL (2160mL / 30 days) solution	3	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	QL
ONFI	3	PA
oxcarbazepine (generic of TRILEPTAL)	1	
PEGANONE	3	
phenobarbital TABS	1	PA
PHENYTEK	3	
phenytoin (generic of DILANTIN)	1	
phenytoin inj 50mg/ml	1	
phenytoin sodium extended (generic of DILANTIN) 100mg	1	
phenytoin sodium extended (generic of PHENYTEK) 200mg, 300mg	1	
POTIGA	3	
primidone (generic of MYSOLINE)	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SABRIL	4	NM LA PA
STAVZOR	3	
TEGRETOL	3	
TEGRETOL XR TAB 100MG	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	1	
<i>topiramate</i> (generic of TOPAMAX) TABS	1	
TRANXENE T 3.75mg, 7.5mg	3	QL PA QL (60 tabs / 30 days)
TRANXENE T 15mg	3	QL PA QL (180 tabs / 30 days)
TRILEPTAL	3	
VALIUM 2mg, 5mg	3	QL PA QL (60 tabs / 30 days)
VALIUM 10mg	3	QL PA QL (120 tabs / 30 days)
<i>valproate sodium</i> (generic of DEPACON) SOLN	1	
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	1	
<i>valproic acid</i> (generic of DEPAKENE)	1	
VIMPAT	3	
ZARONTIN	3	
ZONEGRAN	3	
<i>zonisamide</i> (generic of ZONEGRAN) 25mg, 100mg	1	
<i>zonisamide</i> 50mg	1	
ANTIDEMENTIA		
ARICEPT 5mg, 10mg	3	
ARICEPT 23mg	2	
ARICEPT ODT	3	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS	1	
<i>donepezil hydrochloride</i> (generic of ARICEPT ODT)	1	
TBDP		
EXELON	3	
EXELON PATCHES	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24	1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) SOLN; TABS	1	
NAMENDA	2	
NAMENDA TITRATION PAK	2	
RAZADYNE	3	
RAZADYNE ER	3	
<i>rivastigmine tartrate</i> (generic of EXELON)	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	
AMOXAPINE	2	
ANAFRANIL	4	NM
APLENZIN	3	
<i>budeprion</i> (generic of WELLBUTRIN SR) TB12	1	
<i>budeprion</i> (generic of WELLBUTRIN XL) TB24	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN) TABS	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	1	
CELEXA	3	
<i>citalopram hydrobromide</i> SOLN	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL)	1	
CYMBALTA	2	
<i>desipramine hcl</i> (generic of NORPRAMIN)	1	
<i>doxepin hcl</i>	1	
EFFEXOR XR	3	
EMSAM	3	PA
<i>escitalopram oxalate</i> (generic of LEXAPRO) SOLN QL (600 ml / 30 days)	1	QL
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg QL (45 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier Limits	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 20mg QL (30 tabs / 30 days)	1	QL
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS	1	
<i>fluoxetine hcl</i> (generic of PROZAC WEEKLY) CPDR	1	
<i>fluoxetine hcl</i> SOLN; TABS	1	
<i>imipramine hcl</i> (generic of TOFRANIL)	1	
<i>imipramine pamoate</i> (generic of TOFRANIL-PM)	1	
LEXAPRO	3	
<i>maprotiline hcl</i>	1	
MARPLAN	3	
<i>mirtazapine</i> TABS 7.5mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	1	
NARDIL	3	
<i>nefazodone hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl</i> (generic of PAMELOR)	1	
OLEPTRO	3	
PAMELOR	4	NM
PARNATE	3	
<i>paroxetine er tab</i> (generic of PAXIL CR)	1	
<i>paroxetine hcl</i> (generic of PAXIL)	1	
PAXIL	3	
PAXIL CR	3	
PEXEVA	3	
<i>phenelzine sulfate</i> (generic of NARDIL)	1	
PRISTIQ	2	
<i>protriptyline hcl</i> (generic of VIVACTIL)	1	
PROZAC	3	
PROZAC WEEKLY	3	
REMERON	3	
REMERON SOLTAB	3	
<i>sertraline hcl</i> (generic of ZOLOFT)	1	

Drug Name	Drug Requirements/ Tier Limits	
SURMONTIL	3	
TOFRANIL	3	
TOFRANIL-PM	3	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i> (generic of SURMONTIL)	1	
<i>venlafaxine cap er</i> (generic of EFFEXOR XR)	1	
<i>venlafaxine hcl</i>	1	
VENLAFAXINE HCL ER TAB	3	
<i>venlafaxine tab</i>	1	
<i>venlafaxine tab er</i> (generic of VENLAFAXINE HCL ER)	1	
VIIBRYD	2	
VIVACTIL	3	
WELLBUTRIN	3	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
ZOLOFT	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1	
APOKYN	4	NM LA
AZILECT	2	
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	1	
<i>benztropine mesylate</i> TABS	1	
<i>bromocriptine mesylate</i> (generic of PARLODEL)	1	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	1	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	1	
<i>carbidopa-levodopa</i> (generic of PARCOPA) TBDP	1	
COGENTIN	3	
COMTAN	3	
ELDEPRYL	3	
LODOSYN	3	
MIRAPEX	3	
MIRAPEX ER	3	
PARCOPA	3	
PARLODEL	3	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX)	1	

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Drug Name	Drug Requirements/ Tier	Limits
REQUIP	3	
REQUIP XL	3	
<i>ropinirole hydrochloride</i> (generic of REQUIP) TABS	1	
<i>ropinirole hydrochloride</i> (generic of REQUIP XL)	1	
TB24		
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	1	
<i>selegiline hcl</i> TABS	1	
SINEMET	3	
SINEMET CR	3	
STALEVO	2	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	
ANTIPSYCHOTICS		
ABILITY SOLN 1mg/ml	2	
ABILITY SOLN 9.75mg/1.3ml	3	
ABILITY TABS	2	
ABILITY DISCMELT	2	
CHLORPROMAZ INJ 25MG/ML	3	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i> (generic of CLOZARIL) 25mg, 100mg	1	
<i>clozapine</i> 50mg, 200mg	1	
CLOZARIL	3	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
FAZACLO	3	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON	3	
GEODON INJ	3	
HALDOL	3	
HALDOL DECANOATE 50	3	
HALDOL DECANOATE 100	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) 100mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>haloperidol lactate</i> CONC	1	
<i>haloperidol lactate</i> (generic of HALDOL) SOLN	1	
INVEGA	3	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	3	PA
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	NM PA
LATUDA	3	
<i>loxapine succinate</i> (generic of LOXITANE)	1	
LOXITANE	3	
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS	1	
<i>olanzapine odt</i> (generic of ZYPREXA ZYDIS)	1	
ORAP	2	
<i>perphenazine</i>	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL)	1	
RISPERDAL	3	
RISPERDAL CONSTA 12.5mg, 25mg	3	PA
RISPERDAL CONSTA 37.5mg, 50mg	4	NM PA
RISPERDAL M-TAB	3	
<i>risperidone</i> (generic of RISPERDAL)	1	
<i>risperidone odt</i> (generic of RISPERDAL M-TAB) .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone odt</i> .25mg	1	
SAPHRIS	3	ST
SEROQUEL	3	
SEROQUEL XR	3	
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>ziprasidone hcl</i> (generic of GEODON)	1	
ZYPREXA	3	
ZYPREXA ZYDIS 5mg, 10mg	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ZYPREXA ZYDIS 15mg, 20mg	4	NM
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	3	PA
amphetamine-dextroampheta mine	1	PA
amphetamine-dextroampheta mine (generic of ADDERALL)	1	PA
CONCERTA	3	PA
DAYTRANA	3	PA
INTUNIV	3	
metadate (generic of RITALIN SR)	1	PA
METADATE CD	3	PA
METHYLIN	3	PA
METHYLIN CHEW TAB	3	PA
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml	1	PA
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml	1	
methylphenidate hcl (generic of RITALIN) TABS	1	PA
methylphenidate hcl (generic of RITALIN SR) TBCR	1	PA
RITALIN	3	PA
RITALIN LA	3	PA
RITALIN SR	3	PA
STRATTERA	3	ST
VYVANSE	3	PA
HYPNOTICS		
AMBIEN	3	QL QL (30 tabs / 30 days)
AMBIEN CR	3	QL QL (30 ea / 30 days)
EDLUAR	3	QL QL (30 ea / 30 days)
INTERMEZZO	3	QL QL (30 ea / 30 days)
LUNESTA	2	QL QL (30 tabs / 30 days)
ROZEREM	3	QL QL (30 tabs / 30 days)
SILENOR	3	
SONATA	3	QL QL (30 caps / 30 days)

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
zaleplon (generic of SONATA) QL (30 caps / 30 days)	1	QL
zolpidem tartrate (generic of AMBIEN) TABS QL (30 tabs / 30 days)	1	QL
zolpidem tartrate (generic of AMBIEN CR) TBCR QL (30 ea / 30 days)	1	QL
ZOLPIMIST QL (1 bottle / 30 days)	3	QL
MIGRAINE		
AMERGE QL (9 tabs / 30 days)	3	QL
AXERT QL (12 tabs / 30 days)	3	QL
dihydroergotamine mesylate (generic of D.H.E. 45)	1	
ergotamine w/ caffeine	1	
FROVA QL (18 tabs / 30 days)	3	QL
IMITREX SOLN 5mg/act, 20mg/act QL (12 inhalers / 30 days)	3	QL
IMITREX SOLN 6mg/0.5ml QL (8 vials / 30 days)	3	QL
IMITREX TABS QL (9 tabs / 30 days)	3	QL
IMITREX STATDOSE REFILL 4mg/0.5ml QL (8 cartridges / 30 days)	3	QL
IMITREX STATDOSE REFILL 6mg/0.5ml QL (8 syringes / 30 days)	3	QL
MAXALT QL (12 tabs / 30 days)	3	QL
MAXALT-MILT QL (12 ea / 30 days)	3	QL
MIGERGOT	3	
MIGRAL QL (8 bottles / 30 days)	4	QL NM
naratriptan hcl (generic of AMERGE) QL (9 tabs / 30 days)	1	QL
RELPAX QL (12 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier Limits	
sumatriptan succinate 5mg/act, 20mg/act QL (12 inhalers / 30 days)	SOLN	1 QL
sumatriptan succinate (generic of IMITREX) 6mg/0.5ml QL (8 syringes / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX) 6mg/0.5ml QL (8 vials / 30 days)	1	QL
sumatriptan succinate (generic of IMITREX) QL (9 tabs / 30 days)	1	QL
TREXIMET QL (9 tabs / 30 days)		3 QL
ZOMIG SOLN QL (2 bottles / 30 days)		3 QL
ZOMIG TABS QL (12 tabs / 30 days)		3 QL
ZOMIG ZMT QL (12 ea / 30 days)		3 QL
MISCELLANEOUS		
EQUETRO		3
GRALISE 300mg QL (180 tabs / 30 days)		2 QL
GRALISE 600mg QL (90 tabs / 30 days)		2 QL
GRALISE STARTER		2
HORIZANT		3
<i>lithium carbonate</i> CAPS		1
LITHIUM CARBONATE TABS		1
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg		1
<i>lithium carbonate</i> TBCR 450mg		1
LITHIUM CITRATE		2
LITHOBID		3
MESTINON		3
MESTINON SYRUP		2
MESTINON TIMESPAN		2
MYTELASE		3
NUEDEXTA QL (60 caps / 30 days)		2 QL PA

Drug Name	Drug Requirements/ Tier Limits	
pyridostigmine bromide (generic of MESTINON)		1
REGONOL		2
RILUTEK		4 NM
SAVELLA		2
SAVELLA TITRATION PACK		2
XENAZINE		4 NM LA PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA		4 NM LA PA
AVONEX QL (4 syringes / 28 days)		4 QL NM PA
BETASERON QL (14 vials / 28 days)		4 QL NM PA
COPAXONE QL (30 syringes / 30 days)		4 QL NM PA
EXTAVIA QL (15 syringes / 30 days)		4 QL NM PA
GILENYA		4 NM PA
REBIF QL (12 syringes / 28 days)		4 QL NM PA
REBIF TITRATION PACK QL (12 syringes / 28 days)		4 QL NM PA
TYSSABRI		4 NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX 15mg QL (60 ea / 30 days)		3 QL PA
AMRIX 30mg QL (30 ea / 30 days)		3 QL PA
<i>baclofen</i>		1
<i>chlorzoxazone</i> (generic of PARAFON FORTE DSC)		1 PA
cyclobenzaprine hcl CP24 15mg QL (60 ea / 30 days)		1 QL PA
cyclobenzaprine hcl CP24 30mg QL (30 ea / 30 days)		1 QL PA
cyclobenzaprine hcl (generic of FLEXERIL) TABS 5mg, 10mg QL (90 tabs / 30 days)		1 QL PA
cyclobenzaprine hcl (generic of FEXMID) TABS 7.5mg QL (90 tabs / 30 days)		1 QL PA

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Drug Name	Drug Requirements/ Tier Limits	
DANTRIUM	3	
<i>dantrolene sodium (generic of DANTRIUM)</i>	1	
FEXMID QL (90 tabs / 30 days)	3	QL PA
<i>methocarbamol (generic of ROBAXIN) 500mg</i>	1	PA
<i>methocarbamol (generic of ROBAXIN-750) 750mg</i>	1	PA
PARAFON FORTE DSC	3	PA
<i>tizanidine caps (generic of ZANAFLEX)</i>	1	
<i>tizanidine tabs 2mg</i>	1	
<i>tizanidine tabs (generic of ZANAFLEX) 4mg</i>	1	
ZANAFLEX	3	
NARCOLEPSY/CATAPLEXY		
NUVIGIL	3	PA
PROVIGIL	4	NM PA
XYREM	4	NM LA PA
PSYCHOTHERAPEUTIC-MISC		
ANTABUSE	3	
<i>buprenorphine hcl SUBL</i>	1	PA
<i>buproban (generic of ZYBAN)</i>	1	
<i>bupropion hcl (smoking deterrent) (generic of ZYBAN)</i>	1	
CAMPRAL	3	
CHANTIX QL (336 tabs / year)	3	QL PA
CHANTIX STARTER PACK QL (106 tabs / year)	3	QL PA
<i>disulfiram (generic of ANTABUSE)</i>	1	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl (generic of REVIA)</i>	1	
NICOTROL INHALER QL (16 inhalers / year)	3	QL
NICOTROL NS QL (36 bottles / year)	3	QL
<i>perphenazine-amitriptyline</i>	1	
REVIA	3	
SARAFEM	3	
SUBOXONE QL (120 ea / 30 days)	3	QL PA
SUBOXONE SL FILM QL (120 ea / 30 days)	3	QL PA
VIVITROL	4	NM

Drug Name	Tier	Drug Requirements/ Limits
ZYBAN	3	
ENDOCRINE AND METABOLIC ANDROGENS		
ANDROGEL		
ANDROGEL	2	QL PA QL (300 gm / 30 days)
ANDROGEL PUMP	2	QL PA QL (150 gm / 30 days)
ANDROXY	2	PA
AXIRON	3	QL PA QL (440 mL / 30 days)
DEPO-TESTOSTERONE	3	
FORTESTA	3	QL PA QL (120 gm / 30 days)
<i>oxandrolone (generic of OXANDRIN)</i>	1	PA
STRIANT	3	QL PA QL (1 kit / 30 days)
TESTIM	3	QL PA QL (300 gm / 30 days)
<i>testosterone cypionate</i>	1	
(generic of DEPO-TESTOSTERONE)		
<i>testosterone enanthate</i>	1	
(generic of DELATESTRYL)		
ANTIDIABETICS, INJECTABLE		
ALCOHOL PREPS	2	
BYDUREON	3	QL PA QL (4 vials / 30 days)
BYETTA	3	PA
GAUZE PADS 2X2	2	
HUMALOG	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50	3	
KWIKPEN		
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25	3	
KWIKPEN		
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATE)	2	B/D
INSULIN PEN NEEDLES	2	
INSULIN SAFETY NEEDLES	2	

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Drug Name	Drug Requirements/ Tier	Limits
INSULIN SYRINGES	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
SYMLINPEN 60	3	PA
SYMLINPEN 120	3	PA
VICTOZA	2	QL QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE)	1	
ACTOPLUS MET QL (90 tabs / 30 days)	3	QL
ACTOPLUS MET XR 15-1000MG QL (60 ea / 30 days)	3	QL
ACTOPLUS MET XR 30-1000MG QL (30 ea / 30 days)	3	QL
ACTOS	3	QL QL (30 tabs / 30 days)
AMARYL 1mg QL (240 tabs / 30 days)	3	QL
AMARYL 2mg QL (120 tabs / 30 days)	3	QL
AMARYL 4mg QL (60 tabs / 30 days)	3	QL
DIABETA 1.25mg QL (480 tabs / 30 days)	3	QL PA
DIABETA 2.5mg QL (240 tabs / 30 days)	3	QL PA
DIABETA 5mg QL (120 tabs / 30 days)	3	QL PA
DUETACT	3	QL QL (30 tabs / 30 days)
FORTAMET 500mg QL (150 ea / 30 days)	3	QL
FORTAMET 1000mg QL (75 ea / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
glimepiride (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL) 5mg QL (240 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL) 10mg QL (120 tabs / 30 days)	1	QL
glipizide er (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	1	QL
glipizide er (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days)	1	QL
glipizide er (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin 2.5-250mg (generic of METAGLIP) QL (240 tabs / 30 days)	1	QL
glipizide-metformin 2.5-500mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin 5-500mg QL (120 tabs / 30 days)	1	QL
GLUCOPHAGE 500mg QL (150 tabs / 30 days)	3	QL
GLUCOPHAGE 850mg QL (90 tabs / 30 days)	3	QL
GLUCOPHAGE 1000mg QL (75 tabs / 30 days)	3	QL
GLUCOPHAGE XR 500mg QL (120 ea / 30 days)	3	QL
GLUCOPHAGE XR 750mg QL (60 ea / 30 days)	3	QL
GLUCOTROL 5mg QL (240 tabs / 30 days)	3	QL
GLUCOTROL 10mg QL (120 tabs / 30 days)	3	QL
GLUCOTROL XL 2.5mg QL (240 ea / 30 days)	3	QL
GLUCOTROL XL 5mg QL (120 ea / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier Limits	
GLUCOTROL XL 10mg QL (60 ea / 30 days)	3	QL
GLUCOVANCE 2.5-500MG QL (120 tabs / 30 days)	3	QL PA
GLUCOVANCE 5-500MG QL (120 tabs / 30 days)	3	QL PA
GLUMETZA QL (120 ea / 30 days)	3	QL
glyburide 1.25mg QL (480 tabs / 30 days)	1	QL PA
glyburide 2.5mg QL (240 tabs / 30 days)	1	QL PA
glyburide 5mg QL (120 tabs / 30 days)	1	QL PA
glyburide micronized (generic of GLYNASE) 1.5mg QL (240 tabs / 30 days)	1	QL PA
glyburide micronized (generic of GLYNASE) 3mg QL (120 tabs / 30 days)	1	QL PA
glyburide micronized (generic of GLYNASE) 6mg QL (60 tabs / 30 days)	1	QL PA
glyburide-metformin 1.25-250mg (generic of GLUCOVANCE) QL (240 tabs / 30 days)	1	QL PA
glyburide-metformin 2.5-500mg (generic of GLUCOVANCE) QL (120 tabs / 30 days)	1	QL PA
glyburide-metformin 5-500mg (generic of GLUCOVANCE) QL (120 tabs / 30 days)	1	QL PA
GLYNASE 1.5mg QL (240 tabs / 30 days)	3	QL PA
GLYNASE 3mg QL (120 tabs / 30 days)	3	QL PA
GLYNASE 6mg QL (60 tabs / 30 days)	3	QL PA
GLYSET	3	
JANUMET QL (60 tabs / 30 days)	2	QL
JANUMET XR TAB 50-500MG QL (60 ea / 30 days)	2	QL
JANUMET XR TAB 50-1000 QL (60 ea / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier Limits	
JANUMET XR TAB 100-1000 QL (30 ea / 30 days)	2	QL
JANUVIA QL (30 tabs / 30 days)	2	QL
JENTADUETO QL (60 tabs / 30 days)	2	QL
JUVISYNC QL (30 tabs / 30 days)	2	QL
KOMBIGLYZE XR 2.5-1000MG QL (60 ea / 30 days)	3	QL
KOMBIGLYZE XR 5-500MG QL (30 ea / 30 days)	3	QL
KOMBIGLYZE XR 5-1000MG QL (30 ea / 30 days)	3	QL
metformin er (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days)	1	QL
metformin er (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days)	1	QL
metformin hcl (generic of GLUCOPHAGE) 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl (generic of GLUCOPHAGE) 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl (generic of GLUCOPHAGE) 1000mg QL (75 tabs / 30 days)	1	QL
nateglinide (generic of STARLIX) QL (90 tabs / 30 days)	1	QL
ONGLYZA QL (30 tabs / 30 days)	3	QL
PRANDIMET QL (150 tabs / 30 days)	3	QL
PRANDIN 2mg QL (240 tabs / 30 days)	3	QL
PRANDIN .5mg, 1mg QL (120 tabs / 30 days)	3	QL
PRECOSE	3	
RIOMET QL (946mL / 30 days)	2	QL
STARLIX QL (90 tabs / 30 days)	3	QL
TRADJENTA QL (30 tabs / 30 days)	2	QL

BISPHOSPHONATES

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ST - Step Therapy **NM** - Not available at
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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ACTONEL	3	
alendronate sodium (generic of FOSAMAX)	1	
ATELVIA	3	
BONIVA SOLN QL (1 syringe / 90 days)	3	B/D QL
BONIVA TABS	3	B/D
FOSAMAX	3	
FOSAMAX PLUS D	3	
ibandronate sodium (generic of BONIVA)	1	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	1	B/D
ZOMETA	4	B/D NM
CALCITONINS		
calcitonin (salmon)	2	
calcitonin (salmon) nasal spray (generic of MIACALCIN)	1	
fortical	2	
MIACALCIN	3	
MIACALCIN INJ 200U/ML	3	B/D
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR 30mg	2	NM
SENSIPAR 60mg, 90mg	4	NM
CHELATING AGENTS		
CHEMET	3	
EXJADE	4	NM LA PA
FERRIPROX	4	NM PA
KAYEXALATE	3	
kionex (generic of KAYEXALATE)	1	
sodium polystyrene sulfonate	1	
SYPRINE	4	NM
CONTRACEPTIVES		
amethia 91 day (generic of SEASONIQUE)	1	
amethyst 28 day	1	
apri 28 day (generic of DESOGEN)	1	
aranelle 28 (generic of TRI-NORINYL 28)	1	
aviane 28	1	
balziva 28 day (generic of OVCON-35)	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BEYAZ	3	
BREVICON-28	3	
briellyn 28 day (generic of OVCON-35)	1	
camila 28 day (generic of NOR-QD)	1	
cryselle 28	1	
cyclafem 1/35 28 day (generic of NORINYL 1+35)	1	
cyclafem 7/7/7 28 day (generic of ORTHO-NOVUM 7/7/7)	1	
CYCLESSA	3	
DEPO-PROVERA CONTRACEPTIV	3	
DEPO-SUBQ PROVERA 104	3	
DESOGEN	3	
desogestrel & ethinyl estradiol (generic of DESOGEN)	1	
desogestrel-ethinyl estradiol (biphasic) (generic of MIRCETTE)	1	
desogestrel-ethinyl estradiol (triphasic) (generic of CYCLESSA)	1	
drospirenone-ethinyl estradiol (generic of YASMIN 28)	1	
drospirenone-ethinyl estradiol (generic of YAZ)	1	
ELLA	2	
emoquette (generic of DESOGEN)	1	
enpresse 28 day	1	
errin 28 day (generic of ORTHO MICRONOR)	1	
ESTROSTEP FE	3	
ethynodiol diacet & eth estrad	1	
gianvi 28-day (generic of YAZ)	1	
introvale 91 day	1	
jolivette 28 day (generic of ORTHO MICRONOR)	1	
junel 1.5/30 21 day (generic of LOESTRIN 1.5/30-21)	1	
junel 1/20 21 day (generic of LOESTRIN 1/20-21)	1	
junel fe 1.5/30 28 day (generic of LOESTRIN FE 1.5/30)	1	

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
junel fe 1/20 28 day (generic of LOESTRIN FE 1/20)	Tier	1	microgestin fe 1/20 28 day (generic of LOESTRIN FE 1/20)	Tier	1
kariva 28 day (generic of MIRCETTE)	Tier	1	MODICON	Tier	3
kelnor 1/35 28 day	Tier	1	mononessa 28 day (generic of ORTHO-CYCLEN)	Tier	1
leena 28 day (generic of TRI-NORINYL 28)	Tier	1	necon 0.5/35 28 day (generic of BREVICON-28)	Tier	1
lessina 28 day	Tier	1	necon 1/35 28 day (generic of NORINYL 1+35)	Tier	1
levonorgestrel & eth estradiol	Tier	1	necon 7/7/7 28 day (generic of ORTHO-NOVUM 7/7/7)	Tier	1
levonorgestrel & eth estradiol (generic of NORDETTE-28)	Tier	1	NECON 10/11 28 DAY	Tier	3
levonorgestrel (emergency oc) (generic of PLAN B)	Tier	1	next choice (generic of PLAN B)	Tier	1
levonorgestrel-eth estradiol (triphasic)	Tier	1	NOR-QD	Tier	3
levonorgestrel-ethinyl estradiol (91-day)	Tier	1	nora-be 28 day (generic of NOR-QD)	Tier	1
levonorgestrel-ethinyl estradiol (91-day) (generic of SEASONIQUE)	Tier	1	NORDETTE-28	Tier	3
levonorgestrel-ethinyl estradiol (continuous)	Tier	1	norethin acet & estrad-fe (generic of LOESTRIN FE 1.5/30)	Tier	1
levora 0.15/30 28 day (generic of NORDETTE-28)	Tier	1	norethin acet & estrad-fe (generic of LOESTRIN FE 1/20)	Tier	1
LO LOESTRIN FE	Tier	3	norethindrone & eth estradiol (generic of BREVICON-28)	Tier	1
LO/OVRAL-28	Tier	3	norethindrone & eth estradiol (generic of NORINYL 1+35)	Tier	1
LOESTRIN 24 FE	Tier	3	norethindrone & eth estradiol (generic of OVCON-35)	Tier	1
LOSEASONIQUE	Tier	3	norethindrone (contraceptive) (generic of NOR-QD) .35mg	Tier	1
low-ogestrel 28 day	Tier	1	norethindrone (contraceptive) (generic of ORTHO MICRONOR) .35mg	Tier	1
lulera 28 day	Tier	1	norethindrone acet & eth estra (generic of LOESTRIN 1.5/30-21)	Tier	1
LYBREL	Tier	3	norethindrone acet & eth estra (generic of LOESTRIN 1/20-21)	Tier	1
marlissa 28 day (generic of NORDETTE-28)	Tier	1	norethindrone acetate-ethinyl estradiol-fe (generic of ESTROSTEP FE)	Tier	1
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV)	Tier	1	norethindrone-eth estradiol (triphasic) (generic of ORTHO-NOVUM 7/7/7)	Tier	1
microgestin 1.5/30 21 day (generic of LOESTRIN 1.5/30-21)	Tier	1			
microgestin 1/20 21 day (generic of LOESTRIN 1/20-21)	Tier	1			
microgestin fe 1.5/30 28 day (generic of LOESTRIN FE 1.5/30)	Tier	1			

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Drug Name	Drug Requirements/ Tier	Limits
norethindrone-eth estradiol (triphasic) (generic of TRI-NORINYL 28)	1	
norgestimate-ethinyl estradiol (generic of ORTHO-CYCLEN)	1	
norgestimate-ethinyl estradiol (triphasic) (generic of ORTHO TRI-CYCLEN)	1	
norgestrel & ethinyl estradiol	1	
NORINYL 1+35	3	
nortrel 0.5/35 28 day (generic of BREVICON-28)	1	
nortrel 1/35 21 day (generic of NORINYL 1+35)	1	
nortrel 1/35 28 day (generic of NORINYL 1+35)	1	
nortrel 7/7/7 28 day (generic of ORTHO-NOVUM 7/7/7)	1	
NUVARING	3	
ocella 28 day (generic of YASMIN 28)	1	
ogestrel 28 day	1	
orsythia 28 day	1	
ORTHO EVRA	3	
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	3	
ORTHO-CEPT	3	
ORTHO-CYCLEN	3	
ORTHO-NOVUM 7/7/7	3	
OVCON-35	3	
OVCON-50 28	3	
portia 28 day (generic of NORDETTE-28)	1	
previfem 28 day (generic of ORTHO-CYCLEN)	1	
quasense 91 day	1	
reclipsen 28 day (generic of DESOGEN)	1	
SEASONALE	3	
SEASONIQUE	3	
sprintec 28 day (generic of ORTHO-CYCLEN)	1	
sronyx 28 day	1	
tri-legest 28 (generic of ESTROSTEP FE)	1	
TRI-NORINYL 28	3	

Drug Name	Drug Requirements/ Tier	Limits
tri-previfem 28 day (generic of ORTHO TRI-CYCLEN)	1	
tri-sprintec 28 day (generic of ORTHO TRI-CYCLEN)	1	
trinessa 28 day (generic of ORTHO TRI-CYCLEN)	1	
trivora 28 day	1	
velivet 28 day (generic of CYCLESSA)	1	
vestura (generic of YAZ)	1	
YASMIN 28	3	
YAZ	3	
zovia	1	
zovia 1/35e 28 day	1	
zovia 1/50e 28 day	1	
ENDOMETRIOSIS		
danazol	1	
SYNAREL	4	NM
ENZYME REPLACEMENTS		
ADAGEN	4	NM LA
ALDURAZYME	4	NM LA
BUPHENYL	4	NM
BUPHENYL TAB 500MG	4	NM
CARBAGLU	4	NM LA
CARNITOR	3	B/D
CEREZYME	4	NM
CYSTADANE	4	NM
CYSTAGON	2	NM
ELAPRASE	4	NM
FABRAZYME	4	NM
KUVAN	4	NM
levocarnitine (metabolic modifiers) (generic of CARNITOR)	1	B/D
LUMIZYME	4	NM PA
MYOZYME	4	NM
NAGLAZYME	4	NM LA
ORFADIN	4	NM LA
VPRIV	4	NM PA
ZAVESCA	4	NM LA
ESTROGEN/PROGESTINS		
ACTIVELLA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
estradiol & norethindrone acetate (generic of ACTIVELLA)	1	

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Drug Name	Drug Requirements/ Tier	Limits
FEMHRT 1/5	3	
FEMHRT LOW DOSE	3	
jinteli	1	
norethindrone acetate-ethinyl estradiol	1	
PREFEST	3	
PREMPHASE	2	PA
PREMPRO	2	PA
ESTROGENS		
ALORA	3	PA
CLIMARA	3	PA
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DIVIGEL	3	
ELESTRIN	3	
ESTRACE CREA	3	
ESTRACE TABS	3	PA
estradiol (generic of CLIMARA) PTWK	1	PA
estradiol (generic of ESTRACE) TABS	1	PA
estradiol valerate 10mg/ml	1	
estradiol valerate (generic of DELESTROGEN) 20mg/ml, 40mg/ml	1	
ESTRING	3	
estropipate	1	PA
EVAMIST	3	
FEMRING	3	
FEMTRACE	3	PA
MENEST	2	PA
MENOSTAR	3	PA
PREMARIN	2	PA
PREMARIN CREAM	3	
PREMARIN INJ	3	
VAGIFEM	3	
VIVELLE-DOT	3	PA
GLUCOCORTICOIDS		
a-hydrocort	1	
CELESTONE	3	
CORTEF	3	
cortisone acetate	1	
DEPO-MEDROL	3	
dexamethasone	1	
DEXAMETHASONE INTENSOL	3	

Drug Name	Drug Requirements/ Tier	Limits
dexamethasone sodium phosphate	1	
DEXPAK TAPERPAK 13 DAY	3	
FLO-PRED	3	
fludrocortisone acetate	1	
hydrocortisone (generic of CORTEF)	1	
hydrocortisone sod succinate	1	
MEDROL	3	
MEDROL DOSEPAK	3	
methylprednisolone (generic of MEDROL DOSEPAK) 4mg	1	
methylprednisolone (generic of MEDROL) 4mg, 8mg, 16mg, 32mg		
methylprednisolone acetate (generic of DEPO-MEDROL)	1	
methylprednisolone sod succ (generic of SOLU-MEDROL)	1	
MILLIPRED	3	
ORAPRED	3	
ORAPRED ODT	3	
prednisolone sodium phosphate 5mg/5ml	1	
prednisolone sodium phosphate (generic of ORAPRED) 15mg/5ml		
prednisone	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF 100MG	3	
SOLU-CORTEF 250MG	2	
SOLU-MEDROL	3	
VERIPRED	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	4	NM
HUMAN GROWTH HORMONES		
GENOTROPIN	4	NM PA
GENOTROPIN MINIQUICK .2mg	3	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NM PA

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Drug Name	Drug Requirements/ Tier Limits	
HUMATROPE	4	NM PA
HUMATROPE COMBO PACK	4	NM PA
NORDITROPIN FLEXPRO	4	NM PA
NORDITROPIN NORDIFLEX PEN	4	NM PA
NUTROPIN	4	NM PA
NUTROPIN AQ NUSPIN 5	4	NM PA
NUTROPIN AQ PEN	4	NM PA
OMNITROPE SOLN	3	PA
OMNITROPE SOLR	4	NM PA
SAIZEN	4	NM PA
SAIZEN CLICK.EASY	4	NM PA
SEROSTIM	4	NM PA
TEV-TROPIN	4	NM PA
ZORBTIVE	4	NM PA
MISCELLANEOUS		
cabergoline	1	
chorionic gonadotropin	1	NM PA
EGRIFTA	4	NM PA
INCRELEX	4	NM LA PA
METHERGINE	3	
<i>methylergonovine maleate</i> (generic of METHERGINE)	1	
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	4	NM PA
pregnyl	1	NM PA
PROLIA	3	NM
SAMSCA	4	NM PA
SANDOSTATIN 50mcg/ml	3	PA
SANDOSTATIN 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml	4	NM PA
SANDOSTATIN LAR DEPOT	4	NM PA
SOMATULINE DEPOT	4	NM PA
SOMAVERT	4	NM LA PA
XGEVA	4	NM PA
PARATHYROID HORMONES		
FORTEO	4	NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO)	1	
ELIPHOS	3	
FOSRENOL	3	
PHOSLO	2	

Drug Name	Tier	Drug Requirements/ Limits
PHOSLYRA	2	
RENAGEL	3	
RENELA	2	
PROGESTINS		
AYGESTIN	3	
CRINONE	3	
ENDOMETRIN	3	
<i>medroxyprogesterone acetate</i> (generic of PROVERA)	1	
<i>norethindrone acetate</i> (generic of AYGESTIN)	1	
<i>progesterone micronized</i> (generic of PROMETRIUM)	1	
PROMETRIUM	3	
PROVERA	3	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	2	
THYROID AGENTS		
CYTOMEL	3	
<i>levothyroid</i> (generic of SYNTHROID)	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID)	1	
<i>levoxyl</i> (generic of SYNTHROID)	1	
<i>liothyronine sodium</i> (generic of TRIOSTAT) SOLN	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	1	
<i>methimazole</i> (generic of TAPAZOLE)	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	3	
<i>unithroid</i> (generic of SYNTHROID)	1	
VASOPRESSINS		
DDAVP SOLN 4mcg/ml	4	NM
DDAVP SOLN .01%	3	
DDAVP TABS	3	
<i>desmopressin acetate</i> (generic of DDAVP)	1	
<i>desmopressin acetate spray</i> <i>refrigerated</i>	1	
STIMATE	3	NM

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Drug Name	Drug Requirements/ Tier	Limits
GASTROINTESTINAL ANTIEMETICS		
ALOXI	4	NM
ANTIVERT	3	
CESAMET QL (60 caps / 30 days)	3	B/D QL
compro	1	
dronabinol (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days)	1	B/D QL
dronabinol (generic of MARINOL) 10mg QL (60 caps / 30 days)	4	B/D QL NM
EMEND 40mg QL (3 caps / 180 days)	3	QL
EMEND 80mg QL (4 caps / 30 days)	3	B/D QL
EMEND 125mg QL (2 caps / 30 days)	3	B/D QL
granisetron hcl SOLN	1	
granisetron hcl TABS	1	B/D
GRANISOL	3	B/D
MARINOL 2.5mg QL (60 caps / 30 days)	3	B/D QL
MARINOL 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL NM
meclizine hcl (generic of ANTIVERT)	1	
metoclopramide hcl SOLN	1	
metoclopramide hcl (generic of REGLAN) TABS	1	
METOZOLV ODT	3	
ondansetron hcl SOLN 4mg/2ml	1	
ondansetron hcl (generic of ZOFRAN) SOLN 4mg/5ml	1	B/D
ondansetron hcl (generic of ZOFRAN) SOLN 40mg/20ml	1	
ondansetron hcl (generic of ZOFRAN) TABS 4mg, 8mg	1	B/D
ondansetron hcl TABS 24mg	1	B/D
ondansetron inj	1	
ondansetron odt (generic of ZOFRAN ODT)	1	B/D
phenadoz	1	
PHENERGAN	3	
prochlorperazine	1	
prochlorperazine edisylate	1	

Drug Name	Drug Requirements/ Tier	Limits
prochlorperazine maleate	1	
promethazine hcl SUPP	1	
promethazine hcl SYRP; TABS	1	PA
promethazine hcl inj (generic of PHENERGAN)	1	
promethegan	1	
REGLAN	3	
SANCUSO QL (4 ptch / 30 days)	3	QL
ZOFRAN SOLN 4mg/5ml	3	B/D
ZOFRAN SOLN 40mg/20ml	3	
ZOFRAN TABS	3	B/D
ZOFRAN ODT	3	B/D
ZUPLENZ	3	B/D
ANTISPASMODICS		
atropine sulfate	1	
BENTYL CAPS; SYRP; TABS	3	PA
BENTYL SOLN	3	
CANTIL	3	
CUVPOSA	3	
dicyclomine hcl (generic of BENTYL) CAPS; TABS	1	PA
dicyclomine hcl SOLN	1	PA
glycopyrrolate (generic of ROBINUL) SOLN	1	
glycopyrrolate (generic of ROBINUL) TABS 1mg	1	
glycopyrrolate (generic of ROBINUL FORTE) TABS 2mg	1	
methscopolamine bromide (generic of PAMINE) 2.5mg	1	
methscopolamine bromide (generic of PAMINE FORTE) 5mg	1	
PAMINE	3	
PAMINE FORTE	3	
ROBINUL	3	
ROBINUL FORTE	3	
H2-RECEPTOR ANTAGONISTS		
AXID	3	
cimetidine	1	
cimetidine inj 150mg/ml	1	
cimetidine sol 300/5ml	1	
famotidine SOLN	1	

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Drug Name	Drug Requirements/ Tier	Limits
famotidine (generic of PEPCID) SUSR; TABS	1	
nizatidine (generic of AXID)	1	
PEPCID	3	
ranitidine hcl CAPS	1	
ranitidine hcl (generic of ZANTAC) SOLN; SYRP; TABS	1	
ZANTAC	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL	3	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium (generic of COLAZAL)	1	
budesonide (generic of ENTOCORT EC)	4	NM
CANASA	2	
CIMZIA	4	NM PA
COLAZAL	3	
colocort (generic of CORTENEMA)	1	
DIPENTUM	4	NM
ENTOCORT EC	4	NM
hydrocortisone (intrarectal) (generic of CORTENEMA)	1	
LIALDA	3	
mesalamine enema (generic of ROWASA)	1	
PENTASA	3	
SFROWASA	3	
sulfasalazine dr (generic of AZULFIDINE EN-TABS)	1	
sulfasalazine ir (generic of AZULFIDINE)	1	
LAXATIVES		
COLYTE-FLAVOR PACKS	3	
enulose	1	
gavilyte-g (generic of GOLYTELY)	1	
gavilyte-c (generic of COLYTE-FLAVOR PACKS)	1	
gavilyte-n (generic of NULYTELY/FLAVOR PACKS)	1	
GOLYTELY	2	

Drug Name	Drug Requirements/ Tier	Limits
HALFLYTELY BOWEL PREP/FLA	3	
lactulose	1	
lactulose (encephalopathy)	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	2	
OSMOPREP	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic of COLYTE-FLAVOR PACKS)	1	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic of GOLYTELY)	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride (generic of NULYTELY/FLAVOR PACKS)	1	
polyethylene glycol 3350	1	
RELISTOR	3	PA
SUPREP BOWEL PREP	3	
trilyte (generic of NULYTELY/FLAVOR PACKS)	1	
MISCELLANEOUS		
ACTIGALL	3	
AMITIZA	2	ST
CARAFATE	3	
cromolyn sodium (mastocytosis) (generic of GASTROCROM)	1	
CYTOTEC	3	
GASTROCROM	4	NM
HELIDAC	3	
loperamide hcl	1	
LOTRONEX	4	NM
misoprostol (generic of CYTOTEC)	1	
PREVPAC	3	QL (1 box / year)
PYLERA	3	
SUCRAID	3	
sucralfate (generic of CARAFATE)	1	
URSO 250	3	
URSO FORTE	3	
ursodiol (generic of ACTIGALL) CAPS	1	

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Drug Name	Drug Requirements/ Tier Limits	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
XIFAXAN TAB 550MG	4	NM PA
PANCREATIC ENZYMES		
CREON	3	
PANCREAZE	3	
ZENPEP	2	
PROTON PUMP INHIBITORS		
ACIPHEX	3	QL
QL (30 ea / 30 days)		
DEXILANT	3	QL
QL (30 ea / 30 days)		
<i>lansoprazole</i> (generic of PREVACID)	1	QL
QL (30 ea / 30 days)		
NEXIUM	3	QL
QL (30 ea / 30 days)		
NEXIUM GRANULES	3	QL
QL (30 ea / 30 days)		
NEXIUM I.V.	3	
<i>omeprazole</i> (generic of PRILOSEC) 10mg, 40mg	1	QL
QL (30 ea / 30 days)		
<i>omeprazole</i> (generic of PRILOSEC) 20mg	1	QL
QL (60 ea / 30 days)		
<i>pantoprazole sodium</i> (generic of PROTONIX)	1	QL
QL (30 ea / 30 days)		
PREVACID	3	QL
QL (30 ea / 30 days)		
PREVACID SOLUTAB	3	QL
QL (30 ea / 30 days)		
PRILOSEC 10mg, 40mg	3	QL
QL (30 ea / 30 days)		
PRILOSEC 20mg	3	QL
QL (60 ea / 30 days)		
PROTONIX	3	QL
QL (30 ea / 30 days)		
PROTONIX INJ	3	
ZEGERID PACK	3	QL
QL (1 packet / 30 days)		
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	1	

Drug Name	Drug Requirements/ Tier Limits	
AVODART	2	
CARDURA XL	3	
<i>finasteride</i> (generic of PROSCAR)	1	
FLOMAX	3	
JALYN	2	
PROSCAR	3	
RAPAFLO	3	
<i>tamsulosin hcl</i> (generic of FLOMAX)	1	
UROXATRAL	3	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE)	1	
ELMIRON	3	
URECHOLINE	3	
URINARY ANTISPASMODICS		
DETROL	3	
DETROL LA	2	
DITROPAN XL	3	
ENABLEX	3	
GELNIQUE	3	
<i>oxybutynin chloride</i> SYRP; TABS	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	1	
OXYTROL	3	
SANCTURA	3	
SANCTURA XR	3	
TOVIAZ	2	
<i>trospium chloride</i> (generic of SANCTURA)	1	
VESICARE	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA	3	
CLEOCIN VAG SUPP 100MG	2	
<i>clindamycin cre 2% vag</i> (generic of CLEOCIN)	1	
METROGEL-VAGINAL	3	
<i>metronidazole vaginal .75%</i>	1	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL) .75%	1	
<i>miconazole nitrate vaginal</i>	1	
TERAZOL 3	3	

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Drug Name	Drug Requirements/ Tier	Limits
TERAZOL 7	3	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	1	
<i>terconazole vaginal</i> CREA .8%	1	
<i>terconazole vaginal</i> (generic of TERAZOL 3) SUPP	1	
vandazole	1	
<i>zazole</i> (generic of TERAZOL 7) .4%	1	
<i>zazole</i> .8%	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA 2.5mg/0.5ml	3	
ARIXTRA 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NM
COUMADIN	3	
COUMADIN INJ	3	
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	
<i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NM
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NM
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	3	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 25000unit/ml	4	NM
HEP SOD/NACL INJ 25000	2	
<i>heparin (porcine) in sodium chloride</i> (generic of HEPARIN SODIUM/SODIUM CHL)	1	
<i>heparin (porcine) in sodium chloride</i> 100u/ml	2	
<i>heparin sod (porcine) in d5w</i>	1	
<i>heparin sodium (porcine)</i>	1	B/D
<i>jantoven</i> (generic of COUMADIN)	1	

Drug Name	Drug Requirements/ Tier	Limits
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 300mg/3ml	3	
LOVENOX 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	NM
PRADAXA	2	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	2	NM PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	4	NM PA
EPOGEN	3	PA
LEUKINE	4	NM PA
MOZOBIL	4	NM PA
NEULASTA	4	NM PA
NEUMEGA	4	NM
NEUPOGEN	4	NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NM PA
MISCELLANEOUS		
AGRYLIN	3	PA
<i>anagrelide hcl</i> 1mg	1	PA
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	1	PA
<i>cilostazol</i> (generic of PLETAL)	1	
CYKLOKAPRON	3	
<i>pentoxifylline</i> (generic of TRENTAL)	1	
PLETAL	3	
PROMACTA	4	NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON)	1	
TRENTAL	3	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
BRILINTA	3	PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
clopidogrel bisulfate (generic of PLAVIX)	1	
dipyridamole (generic of PERSANTINE)	1	PA
EFFIENT	3	
PERSANTINE	3	PA
PLAVIX	3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ACTEMRA	4	NM PA
ARAVA	4	NM
ENBREL	4	NM PA
HUMIRA	4	NM PA
hydroxychloroquine sulfate (generic of PLAQUENIL)	1	
KINERET	4	NM PA
leflunomide (generic of ARAVA)	1	
methotrexate sodium tabs	1	
ORENCIA	4	NM PA
PLAQUENIL	3	
REMICADE	4	NM PA
RHEUMATREX	3	
SIMPONI	4	NM PA
TREXALL	3	B/D
IMMUNOGLOBULINS		
CARIMUNE NANOFILTERED	4	NM PA
FLEBOGAMMA	4	NM PA
GAMMAGARD LIQUID	4	NM PA
GAMMAKED	4	NM PA
GAMMAPLEX	4	NM PA
GAMUNEX-C	4	NM PA
HIZENTRA	4	NM PA
OCTAGAM	4	NM PA
PRIVIGEN	4	NM PA
IMMUNOMODULATORS		
ACTIMMUNE	4	NM LA PA
ARCALYST	4	NM PA
INFERGEN	4	NM PA
INTRON-A KIT 3mu/0.2ml, 5mu/0.2ml	4	B/D NM
INTRON-A KIT 10mu/0.2ml	3	B/D
INTRON-A SOLN	4	B/D NM
INTRON-A W/DILUENT	4	B/D NM
PEG-INTRON	4	NM PA
PEG-INTRON REDIPEN	4	NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PEGASYS	4	NM PA
PEGASYS PROCLICK	4	NM PA
REVLIMID	4	NM LA PA
THALOMID	4	NM PA
IMMUNOSUPPRESSANTS		
ATGAM	3	B/D
AZASAN	3	B/D
azathioprine (generic of IMURAN)	1	B/D
azathioprine inj 100mg	1	B/D
CELLCEPT	4	B/D NM
CELLCEPT INTRAVENOUS	3	B/D
cyclosporine (generic of SANDIMMUNE)	1	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg	1	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 50mg	1	B/D
cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN	1	B/D
gengraf (generic of NEORAL)	1	B/D
IMURAN	3	B/D
mycophenolate mofetil (generic of CELLCEPT)	1	B/D
MYFORTIC 180mg	3	B/D
MYFORTIC 360mg	4	B/D NM
NEORAL	2	B/D
NULOJIX	4	B/D NM
PROGRAF CAPS 5mg	4	B/D NM
PROGRAF CAPS .5mg, 1mg	3	B/D
PROGRAF SOLN	3	B/D
RAPAMUNE SOLN	4	B/D NM
RAPAMUNE TABS 1mg, 2mg	4	B/D NM
RAPAMUNE TABS .5mg	3	B/D
SANDIMMUNE CAPS	2	B/D
SANDIMMUNE SOLN 50mg/ml	3	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
SIMULECT	3	B/D
tacrolimus (generic of PROGRAF) 5mg	4	B/D NM
tacrolimus (generic of PROGRAF) .5mg, 1mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
THYMOGLOBULIN	3	B/D
ZORTRESS	4	B/D NM
VACCINES		
ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
ENGERIX-B	2	B/D
GARDASIL	2	
HAVRIX	2	
INFANRIX	2	
IPOV INACTIVATED IPV	2	
IXIARO	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTAQ	2	
SYNAGIS	4	NM
TETANUS/DIPHTHERIA	2	B/D
TOXOID		
TWINRIX	2	B/D
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
AMMONIUM CHLORIDE	3	
K-TABS	3	
klor-con 8meq, 10meq, 20meq	1	
KLOR-CON 15meq	3	
magnesium sulfate	1	
parenteral electrolytes	1	B/D
potassium chloride TBCR	1	

Drug Name	Drug Requirements/ Tier	Limits
potassium chloride caps er (generic of MICRO-K)	1	
potassium chloride microencapsulated crystals cr	1	
SOD FLUORIDE 2.2MG TAB	1	
sodium chloride 2.5meq/ml	1	
IV NUTRITION		
amino acid electrolyte infusion	1	B/D
amino acid infusion	1	B/D
aminosyn 8.5 % with electrolytes, sulfite-free	1	B/D
AMINOSYN II	3	B/D
aminosyn ii 8.5 % with electrolytes, sulfite-free	1	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
clinisol 15	1	B/D

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Drug Name	Drug Requirements/ Tier Limits	
FREAMINE III 3%	3	B/D
<i>freamine iii</i> 8.5	1	B/D
hepatamine 8	1	B/D
HEPATASOL 8	3	B/D
<i>intralipid</i> (generic of LIPOSYN II)	1	B/D
<i>intralipid inj</i> 20% (generic of LIPOSYN II)	1	B/D
INTRALIPID INJ 30%	2	B/D
LIPOSYN III	3	B/D
NEPHRAMINE	3	B/D
PREMASOL	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
IV REPLACEMENT SOLUTIONS		
dextrose	1	
dextrose 2.5%/nacl 0.45%	1	
dextrose 10% w/ sodium chloride 0.2%	3	
dextrose in lactated ringers	3	
dextrose w/ sodium chloride	1	
electrolyte-m in dextrose	1	
electrolyte-r in dextrose	3	
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
<i>isolyte m</i>	1	
ISOLYTE P	3	
ISOLYTE S	3	
ISOLYTE S IN 5 % DEXTROSE	3	
ISOLYTE-H/DEXTROSE 5%	2	
KCL 0.3%/D5W/NACL 0.9%	2	
KCL 0.15%/D5W/LR	3	
KCL 0.15%/D5W/NACL 0.225%	2	
<i>lactated ringer's</i>	1	
<i>normosol-m</i>	1	
NORMOSOL-R	3	
<i>normosol-r</i> in 5 % dextrose	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-56/D5W	3	
PLASMA-LYTE-148	3	
<i>potassium chloride</i> SOLN	1	

Drug Name	Drug Requirements/ Tier Limits	
POTASSIUM CHLORIDE 0.3%/ <i>/</i>	3	
<i>potassium chloride</i> 30 meq/l (0.224%) in dextrose 5% inj	1	
<i>potassium chloride</i> in dextrose	1	
<i>potassium chloride</i> in dextrose & sodium chloride	1	
<i>potassium chloride</i> in nacl	1	
<i>ringer's</i>	1	
<i>sodium chloride</i> .45%, .9%, 3%, 5%	1	
VITAMINS		
CALCIJEX	3	B/D
<i>calcitriol</i> (generic of ROCALTROL) CAPS	1	B/D
<i>calcitriol</i> (generic of CALCIJEX) SOLN 1mcg/ml	1	B/D
<i>calcitriol</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
HECTOROL	3	B/D
PRENATAL VITAMINS	1	
ROCALTROL	3	B/D
ZEMPLAR CAPS	2	B/D
ZEMPLAR SOLN	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE OINT	2	
BLEPHAMIDE SUSP	3	
MAXITROL	3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	1	
<i>neomycin-polymyxin-hc</i> (ophth)	1	
<i>sulfacetamide</i> sod-prednisolone	1	
TOBRADEX OINT	2	
TOBRADEX SUSP	3	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	1	
ZYLET	2	
ANTI-INFECTIVES		
AZASITE	2	
<i>bacitracin</i> (ophthalmic)	1	

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Drug Name	Drug Requirements/ Tier Limits
bacitracin-polymyxin b (ophth)	1
BESIVANCE	2
BLEPH-10	3
CILOXAN	3
CILOXAN OINT	2
ciprofloxacin hcl (ophth) (generic of CILOXAN)	1
erythromycin (ophth)	1
gentak	1
gentamicin sulfate (ophth) OINT	1
gentamicin sulfate (ophth) (generic of GARAMYCIN) SOLN	1
levofloxacin (ophth)	1
MOXEZA	2
NATACYN	3
neomycin-bacitracin zn-polymyxin	1
neomycin-polomy-gramicid (generic of NEOSPORIN)	1
NEOSPORIN SOLUTION	3
OCUFLOX	3
ofloxacin (ophth) (generic of OCUFLOX)	1
polymyxin b-trimethoprim (generic of POLYTRIM)	1
POLYTRIM	3
sulfacetamide sodium (ophth) OINT	1
sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN	1
tobramycin sulfate (ophth) (generic of TOBREX)	1
TOBREX	3
TOBREX OINT 0.3%	2
trifluridine (generic of VIROPTIC)	1
VIGAMOX	2
VIROPTIC	3
ZIRGAN	3
ZYMAXID	3
ANTI-INFLAMMATORIES	
ACULAR	3
ACULAR LS	3
ACUVAIL	3

Drug Name	Drug Requirements/ Tier Limits
ALREX	2
BROMDAY	2
bromfenac sodium (ophth)	1
dexamethasone sodium phosphate (ophth)	1
diclofenac sodium (ophth) (generic of VOLTAREN)	1
DUREZOL	2
FLAREX	3
flurbiprofen sodium (generic of OCUFEN)	1
FML	2
FML FORTE	2
FML LIQUIFILM	3
ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%	1
ketorolac tromethamine (ophth) (generic of ACULAR) .5%	1
LOTEMAX OINT	3
LOTEMAX SUSP	2
MAXIDEX	3
NEVANAC	2
OCUFEN	3
OMNIPRED	3
PRED FORTE	3
PRED MILD	2
PRED-G	3
PRED-G S.O.P.	3
prednisolone acetate (ophth) (generic of OMNIPRED)	1
PREDNISOLONE SODIUM PHOSP	2
VEXOL	3
VOLTAREN	3
ANTIALLERGICS	
ALOCRIL	3
ALOMIDE	3
azelastine hcl (ophth) (generic of OPTIVAR)	1
BEPREVE	2
cromolyn sodium (ophth)	1
ELESTAT	3
EMADINE	3

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<i>epinastine hcl (ophth) (generic of ELESTAT)</i>	1	
LASTACAFTE	3	
OPTIVAR	3	
PATADAY	2	
PATANOL	2	
ANTIGLAUCOMA		
ALPHAGAN P	2	
AZOPT	2	
BETAGAN	3	
<i>betaxolol hcl (ophth)</i>	1	
BETIMOL	3	
BETOPTIC-S	2	
<i>brimonidine tartrate .2%</i>	1	
<i>brimonidine tartrate (generic of ALPHAGAN P) .15%</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
COSOPT	3	
<i>dorzolamide hcl (generic of TRUSOPT)</i>	1	
<i>dorzolamide hcl-timolol maleate (generic of COSOPT)</i>	1	
ISOPTO CARPINE	3	
ISTALOL	2	
<i>latanoprost (generic of XALATAN)</i>	1	QL QL (2.5mL / 30 days)
<i>levobunolol hcl (generic of BETAGAN)</i>	1	
LUMIGAN	2	QL QL (2.5ml / 30 days)
<i>metipranolol (generic of OPTIPRANOLOL)</i>	1	
OPTIPRANOLOL	3	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	2	
<i>timolol maleate (ophth) (generic of TIMOPTIC)</i>	1	
<i>timolol maleate gel (generic of TIMOPTIC-XE)</i>	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC-XE	3	
TRAVATAN Z	2	QL QL (2.5mL / 30 days)
TRUSOPT	3	

Drug Name	Drug Requirements/ Tier	Limits
XALATAN	3	QL QL (2.5ml / 30 days)
ZIOPTAN	3	QL QL (30 units / 30 days)
MISCELLANEOUS		
<i>ak-con</i>	1	
ALCAINE	3	
BOTOX	4	NM PA
<i>proparacaine hcl (generic of ALCAINE)</i>	1	
RESTASIS	2	
<i>tropicamide (generic of MYDRIACYL) 1%</i>	1	
<i>tropicamide .5%</i>	1	
XEOMIN	3	PA
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT	3	QL QL (2 inhalers / 30 days)
DUONEB	3	B/D
<i>ipratropium-albuterol (generic of DUONEB)</i>	1	B/D
ANTICHOLINERGICS		
ATROVENT	3	
ATROVENT HFA	3	QL QL (2 inhalers / 30 days)
<i>ipratropium bromide (nasal) (generic of ATROVENT)</i>	1	
<i>ipratropium sol inhal</i>	1	B/D
SPIRIVA HANDIHALER	2	QL QL (30 caps / 30 days)
ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D 12 HOUR	3	
CLARINEX-D 24 HOUR	3	
SEMPREX-D	3	
ANTIHISTAMINES		
ASTELIN	3	QL QL (2 bottles / 30 days)
ASTEPRO	2	QL QL (2 spray-bottles / 30 days)
<i>azelastine hcl (generic of ASTELIN)</i>	1	QL QL (2 bottles / 30 days)

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Drug Name	Drug Requirements/ Tier	Limits
<i>carbinoxamine maleate</i>	1	
(generic of PALGIC)		
<i>cetirizine syrup</i>	1	
CLARINEX	3	
CLARINEX REDITABS	3	
<i>ciproheptadine hcl</i>	1	PA
<i>diphenhydram inj 50mg/ml</i>	1	
<i>hydroxyzine hcl</i>	1	PA
<i>hydroxyzine hcl inj</i>	1	
<i>hydroxyzine pamoate</i> (generic of VISTARIL) 25mg, 50mg	1	PA
<i>hydroxyzine pamoate</i> 100mg	1	PA
<i>levocetirizine dihydrochloride</i>	1	
(generic of XYZAL)		
<i>levocetirizine tab 5 mg</i>	1	
(generic of XYZAL)		
PALGIC	3	
PATANASE	2	
VISTARIL	3	PA
XYZAL	3	
BETA AGONISTS		
ACCUNEB	3	B/D
<i>albuterol sulfate</i> (generic of ACCUNEB) NEBU .63mg/3ml, 1.25mg/3ml	1	B/D
<i>albuterol sulfate</i> NEBU .083%, .5%	1	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS	1	
<i>albuterol sulfate</i> (generic of VOSPIRE ER) TB12	1	
BROVANA	3	B/D
FORADIL AEROLIZER QL (60 caps / 30 days)	2	QL
<i>levalbuterol conc</i>	1	B/D
1.25mg/0.5ml (generic of XOPENEX CONCENTRATE)		
PERFOROMIST	3	B/D
PROAIR HFA QL (2 inhalers / 30 days)	2	QL
PROVENTIL HFA QL (2 inhalers / 30 days)	3	QL
SEREVENT DISKUS QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate</i>	1	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
XOPENEX HFA	2	QL QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	3	
SINGULAIR	3	
<i>zaflirlukast</i> (generic of ACCOLATE)	1	
ZYFLO CR	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i>	1	B/D
ARALAST NP	4	NM LA PA
CAYSTON	4	NM LA PA
DALIRESP	2	
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
GLASSIA	4	NM LA PA
PROLASTIN-C	4	NM LA PA
PULMOZYME	4	B/D NM
TOBI	4	B/D NM
TWINJECT	3	
TYZINE	3	
TYZINE PEDIATRIC NASAL DR	3	
XOLAIR	4	NM LA PA
ZEMAIRA	4	NM LA PA
NASAL STEROIDS		
BECONASE AQ	3	QL QL (2 inhalers / 30 days)
FLONASE	3	QL QL (1 bottle / 30 days)
<i>flunisolide (nasal)</i>	1	QL QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (generic of FLONASE) QL (1 inhaler / 30 days)
NASACORT AQ	3	QL QL (1 inhaler / 30 days)
NASONEX	2	QL QL (2 inhalers / 30 days)
OMNARIS	3	QL QL (1 inhaler / 30 days)
QNASL	3	QL QL (1 inhaler / 30 days)

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
RHINOCORT AQUA QL (2 inhalers / 30 days)	3	QL
triamcinolone acetonide (nasal) (generic of NASACORT AQ) QL (1 inhaler / 30 days)	1	QL
STEROID INHALANTS		
ALVESCO QL (2 inhalers / 30 days)	3	QL
ASMANEX QL (2 inhalers / 30 days)	2	QL
budesonide (inhalation) (generic of PULMICORT)	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (2 inhalers / 30 days)	2	QL
FLOVENT DISKUS 250mcg/blist QL (4 inhalers / 30 days)	2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	2	QL
PULMICORT FLEXHALER 90mcg/act QL (4 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER 180mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT INH SUSP	3	B/D
QVAR QL (3 inhalers / 30 days)	2	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (1 inhaler / 30 days)	2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	2	QL
DULERA QL (1 inhaler / 30 days)	2	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
XANTHINES		
aminophylline inj	1	
ELIXOPHYLLIN	3	
LUFYLLIN	3	
theophylline	1	
TOPICAL		

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DERMATOLOGY, ACNE		
ACANYA	3	
ACZONE	3	
adapalene (generic of DIFFERIN)	1	
AKNE-MYCIN	3	
amnesteem	1	
ATRALIN	3	
avita (generic of RETIN-A)	1	
CREA		
avita GEL	1	
AZELEX	3	
BENZAMYCIN	3	
benzoyl peroxide-erythromycin (generic of BENZAMYCIN)	1	
claravis	1	
CLEOCIN-T	3	
CLINDAGEL	3	
clindamycin phosphate (topical) (generic of EVOCLIN) FOAM	1	
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	1	
clindamycin phosphate-benzoyl peroxide (generic of BENZACLIN)	1	
DIFFERIN	3	
EPIDUO	3	
ery	1	
erythromycin (acne aid)	1	
EVOCLIN	3	
isotretinoin cap 10 mg	1	
KLARON	3	
RETIN-A	3	
RETIN-A MICRO	3	
sulfacetamide sodium (acne) (generic of KLARON)	1	
TRETIN X	3	
tretinoin (generic of RETIN-A)	1	
CREA		
tretinoin (generic of RETIN-A)	1	
GEL .01%, .025%		
tretinoin GEL .025%	1	
VELTIN	3	

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Drug Name	Drug Requirements/ Tier	Limits
ZIANA	3	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	3	
EFUDEX	3	
FLUOROPLEX	3	
<i>fluorouracil (topical) (generic of EFUDEX)</i>	1	
PICATO	3	
SOLARAZE	3	PA
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	3	
BACTROBAN	3	
BACTROBAN NASAL	3	
CORTISPORIN CREA; OINT	3	
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin (generic of BACTROBAN)</i>	1	
PHISOHEX	3	
SILVADENE	3	
<i>silver sulfadiazine (generic of SILVADENE)</i>	1	
<i>ssd (generic of SILVADENE)</i>	1	
SULFAMYLYON	3	
<i>thermazene (generic of SILVADENE)</i>	1	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox CREA; SUSP	1	
<i>ciclopirox (generic of LOPROX) GEL</i>	1	
<i>ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>econazole nitrate</i>	1	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	
<i>ketoconazole (topical) (generic of EXTINA)</i>	1	
<i>ketoconazole cream</i>	1	
LOPROX	3	
LOPROX SHAMPOO	3	
MENTAX	3	
NAFTIN	3	
<i>nyamyc</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
<i>nystop</i>	1	
OXISTAT	3	
<i>pedi-dri</i>	1	
DERMATOLOGY, ANTIPRURITIC		
ANUSOL HC	3	
CORTIFOAM	3	
<i>hydrocortisone (rectal) (generic of ANUSOL-HC)</i>	1	
<i>proctocream (generic of ANUSOL-HC)</i>	1	
ZONALON	3	
DERMATOLOGY, ANTIPSORIATICS		
AMEVIVE	4	NM
<i>calcipotriene</i>	1	
DOVONEX	3	
DOVONEX SCALP	3	
8-MOP	3	
OXSORALEN ULTRA	4	NM
SORIATANE	4	NM PA
SORILUX	3	
STELARA	4	NM PA
TAZORAC	3	
VECTICAL	3	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo (generic of NIZORAL)</i>	1	
NIZORAL	3	
<i>selenium sulfide (generic of SELSUN SHAMPOO)</i>	1	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	3	
ZOVIRAX CREA; OINT	3	
DERMATOLOGY, CORTICOSTEROIDS		
ACLOVATE	3	
ALA SCALP	3	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate (generic of ACLOVATE) CREA</i>	1	
<i>alclometasone dipropionate OINT</i>	1	
<i>amcinonide CREA; LOTN</i>	1	
AMCINONIDE OINT	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA</i>	1	
<i>betamethasone dipropionate augmented (generic of DIPROLENE) LOTN; OINT</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	3	
CARMOL HC	3	
<i>clobetasol propionate (generic of TEMOVATE) GEL; OINT; SOLN</i>	1	
<i>clobetasol propionate emollient base (generic of TEMOVATE E)</i>	1	
CLOBEX	3	
CLODERM PUMP	3	
CORDRAN	3	
CORDRAN TAPE	3	
CUTIVATE	3	
DERMA-SMOOTH/FS	3	
BODY OIL		
DERMATOP	3	
DESONATE	3	
<i>desonide (generic of DESOWEN)</i>	1	
DESOWEN	3	
DESOWEN LOTN 0.05%	3	
<i>desoximetasone (generic of TOPICORT)</i>	1	
<i>diflorasone diacetate</i>	1	
DIPROLENE	3	
DIPROLENE AF	3	
ELOCON	3	
<i>fluocinolone acetonide CREA; OINT; SOLN</i>	1	
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY OIL) OIL</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate (generic of CUTIVATE)</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>halobetasol propionate (generic of ULTRAVATE)</i>	1	
HALOG	3	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone valerate CREA</i>	1	
<i>hydrocortisone valerate (generic of WESTCORT) OINT</i>	1	
KENALOG	3	
LOCOID	3	
LOCOID LIPOCREAM	3	
<i>lokara (generic of DESOWEN)</i>	1	
LUXIQ	3	
<i>mometasone furoate (generic of ELOCON)</i>	1	
OLUX-E	3	
PANDEL	3	
<i>prednicarbate (generic of DERMATOP)</i>	1	
TACLONEX	3	
TACLONEX SCALP	3	
TEMOVATE	3	
TOPICORT	3	
<i>triamcinolone acetonide (topical)</i>	1	
<i>triderm</i>	1	
<i>u-cort (generic of CARMOL-HC)</i>	1	
ULTRAVATE	3	
<i>urea-hc acetate (generic of CARMOL-HC)</i>	1	
VANOS	3	
VERDESO	3	
WESTCORT	3	
DERMATOLOGY, LOCAL ANESTHETICS		
EMLA	3	B/D
<i>lidocaine</i>	1	
<i>lidocaine hcl GEL</i>	1	
<i>lidocaine hcl (generic of XYLOCAINE) SOLN</i>	1	
<i>lidocaine-prilocaine</i>	1	B/D
LIDODERM	2	PA
SYNERA	3	
XYLOCAINE 4%	3	

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Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALDARA	3	
ammonium lactate (generic of LAC-HYDRIN)	1	
CONDYLOX	3	
ELIDEL	3	PA
FINACEA	3	
imiquimod (generic of ALDARA)	1	
LAC-HYDRIN	3	
laclotion (generic of LAC-HYDRIN)	1	
lactic acid (ammonium lactate) (generic of LAC-HYDRIN)	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
metronidazole (topical) (generic of METROCREAM)	1	
CREA		
metronidazole (topical) GEL	1	
metronidazole (topical) (generic of METROLOTION)	1	
LOTN		
ORACEA	3	
OXSORALEN	3	
PANRETIN	4	NM
PENNSAID	3	
podofilox (generic of CONDYLOX)	1	
PROTOPIIC	3	PA
RECTIV	3	
TARGRETIN GEL	4	NM PA
VOLTAREN GEL 1%	2	
ZYCLARA	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	3	
malathion (generic of OVIDE)	1	
OVIDE	3	
permethrin	1	
ULESFIA	3	
DERMATOLOGY, WOUND CARE AGENTS		

Drug Name	Drug Requirements/ Tier	Limits
neomycin/polymyxin b gu (generic of NEOSPORIN GU IRRIGANT)	1	
REGRANEX	4	NM PA
SANTYL	3	
sodium chloride (gu irrigant)	1	
water for irrigation, sterile	1	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)	1	
clotrimazole	1	
EVOXAC	3	
lidocaine hcl (mouth-throat)	1	
nystatin (mouth-throat)	1	
periogard (generic of PERIDEX)	1	
pilocarpine hcl (oral) (generic of SALAGEN)	1	
SALAGEN	3	
triamcinolone acetonide (mouth)	1	
OTIC		
acetasol hc (generic of VOSOL HC)	1	
acetic acid (otic) (generic of VOSOL)	1	
acetic acid sol/hc (generic of VOSOL HC)	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
CORTISPORIN SOLN	3	
CORTISPORIN-TC	3	
DERMOTIC	3	
fluocinolone acetonide (otic) (generic of DERMOTIC)	1	
hydrocortisone w/acetic acid (generic of VOSOL HC)	1	
neomycin-polymyxin-hc (otic) (generic of CORTISPORIN) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	
ofloxacin (otic)	1	

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sodium	5	<i>hydrochloride</i>	20	ampicillin inj.....	5	ARICEPT ODT.....	20	AMPYRA.....	24	<i>see donepezil</i>		AMRIX	24	<i>hydrochloride</i>	20	AMTURNIDE.....	16	ARIMIDEX	11			<i>see anastrozole</i>	11														
ampicillin inj.....	5	ARICEPT ODT.....	20																																		
AMPYRA.....	24	<i>see donepezil</i>		AMRIX	24	<i>hydrochloride</i>	20	AMTURNIDE.....	16	ARIMIDEX	11			<i>see anastrozole</i>	11																						
AMRIX	24	<i>hydrochloride</i>	20																																		
AMTURNIDE.....	16	ARIMIDEX	11																																		
		<i>see anastrozole</i>	11																																		

avita	43	balziva 28 day	28	BILTRICIDE	9
AVODART	35	BANZEL	18	bisoprolol &	
AVONEX	24	BARACLUDE	9	hydrochlorothiazide	15
AXERT	23	BECONASE AQ	42	bisoprolol fumarate	15
AXID	33	benazepril &		bleomycin sulfate	10
see <i>nizatidine</i>	34	hydrochlorothiazide	12	BLEPH-10	40
AXIRON	25	benazepril hcl	12	see <i>sulfacetamide sodium</i>	
AYGESTIN	32	BENICAR	13	(<i>ophth</i>)	40
<i>see norethindrone acetate</i>		BENICAR HCT	13	BLEPHAMIDE	39
.....	32	BENTYL	33	BONIVA	28
AZACTAM	9	<i>see dicyclomine hcl</i>	33	<i>see ibandronate sodium</i> 28	
<i>see aztreonam</i>	9	BENZACLIN		BOOSTRIX	38
AZACTAM IN DEXTROSE ..	9	<i>see clindamycin</i>		BOTOX	41
AZASAN	37	<i>phosphate-benzoyl</i>		BREVICON-28	28
AZASITE	39	<i>peroxide</i>	43	<i>see necon 0.5/35 28 day</i>	
azathioprine	37	BENZAMYCIN	43	.....	29
azathioprine inj 100mg	37	<i>see benzoyl</i>		<i>see norethindrone & eth</i>	
azelastine hcl	41	<i>peroxide-erythromycin</i>	43	<i>estradiol</i>	29
azelastine hcl (<i>ophth</i>)	40	benzoyl		<i>see nortrel 0.5/35 28 day</i>	
AZELEX	43	<i>peroxide-erythromycin</i>	43	.....	30
AZILECT	21	benztropine mesylate	21	<i>brielllyn 28 day</i>	28
azithromycin	6	BEPREVE	40	BRILINTA	36
AZOPT	41	BESIVANCE	40	brimonidine tartrate	41
AZOR	13	BETAGAN	41	BROMDAY	40
aztreonam	9	<i>see levobunolol hcl</i>	41	bromfenac sodium (<i>ophth</i>)	40
AZULFIDINE	34	betamethasone dipropionate		bromocriptine mesylate	21
<i>see sulfasalazine ir</i>	34	(topical)	45	BROVANA	42
AZULFIDINE EN-TABS ..	34	betamethasone dipropionate		budeprion	20
<i>see sulfasalazine dr</i>	34	augmented	45	budesonide	34
B		betamethasone valerate	45	budesonide (<i>inhalation</i>)	43
bacitracin (<i>ophthalmic</i>)	39	BETAPACE	14	bumetanide	17
bacitracin-polymyxin b		<i>see sorine</i>	14	BUPHENYL	30
(<i>ophth</i>)	40	<i>see sotalol hcl</i>	14	BUPHENYL TAB 500MG ..	30
bacitracin-poly-neomycin-hc		BETAPACE AF	14	buprenorphine hcl	25
.....	39	BETASERON	24	buproban	25
baclofen	24	betaxolol hcl	15	bupropion hcl	20
BACTOCILL IN DEXTROSE		betaxolol hcl (<i>ophth</i>)	41	bupropion hcl (<i>smoking</i>	
.....	6	bethanechol chloride	35	<i>deterrent</i>)	25
BACTRIM	9	BETIMOL	41	buspirone hcl	18
<i>see</i>		BETOPTIC-S	41	BUSULFEX	10
<i>sulfamethoxazole-trimetho</i>		BEYAZ	28	butalbital-acetaminophen-caf	
<i>p</i>	10	BIAXIN	6	feine w/ codeine	1
BACTRIM DS	9	<i>see clarithromycin</i>	6	butalbital-aspirin-caffeine	
<i>see</i>		BIAXIN XL	6	w/cod	1
<i>sulfamethoxazole-trimetho</i>		<i>see clarithromycin</i>	6	butorphanol nasal spray	1
<i>p</i>	10	BIAXIN XL PAC	6	butorphanol tartrate	1
BACTROBAN	44	bicalutamide	11	BUTRANS	1
<i>see mupirocin</i>	44	BICILLIN C-R	6	BYDUREON	25
BACTROBAN NASAL	44	BICILLIN L-A	6	BYETTA	25
<i>balsalazide disodium</i>	34	BICNU	10	BYSTOLIC	15

C

<i>cabergoline</i>	32	<i>see matzim</i>	16	<i>cefuroxime axetil</i>	6
CADUET	15	CARDURA	13	<i>cefuroxime sodium</i>	6
CALAN	15	<i>see doxazosin mesylate</i>	13	CELEBREX	5
<i>see verapamil hcl</i>	16	CARDURA XL	35	CELESTONE	31
CALAN SR	15	CARIMUNE		CELEXA	20
<i>see verapamil hcl</i>	16	NANOFILTERED	37	<i>see citalopram hydrobromide</i>	20
CALCIJEX	39	CARMOL HC	45	CELLCEPT	37
<i>see calcitriol</i>	39	CARMOL-HC		<i>see mycophenolate mofetil</i>	37
calcipotriene	44	<i>see u-cort</i>	45	CELLCEPT INTRAVENOUS	37
calcitonin (salmon)	28	<i>see urea-hc acetate</i>	45	CELONTIN	18
calcitonin (salmon) nasal spray	28	CARNITOR	30	cephalexin	6
calcitriol	39	<i>see levocarnitine (metabolic modifiers)</i>	30	CEREZYME	30
calcium acetate (phosphate binder)	32	carteolol hcl (ophth)	41	CERUBIDINE	10
camila 28 day	28	cartia	16	CERVARIX	38
CAMPATH	11	carvedilol	15	CESAMET	33
CAMPRAL	25	CASODEX	11	cetirizine syrup	42
CAMPTOSAR	12	<i>see bicalutamide</i>	11	CHANTIX	25
CANASA	34	CATAFLAM	5	CHANTIX STARTER PACK	25
CANCIDAS	7	<i>see diclofenac potassium</i>	5	CHEMET	28
CANTIL	33	CATAPRES	13	chlorhexidine gluconate (mouth-throat)	46
CAPASTAT SULFATE	8	<i>see clonidine hcl</i>	13	chloroquine phosphate	8
CAPEX	45	CATAPRES-TTS-1	13	chlorothiazide	17
CAPITAL AND CODEINE	1	<i>see clonidine hcl</i>	13	CHLORPROMAZ INJ	
CAPRELSA	11	CATAPRES-TTS-2	13	25MG/ML	22
captopril	12	<i>see clonidine hcl</i>	13	chlorpromazine hcl	22
captopril & hydrochlorothiazide	12	CATAPRES-TTS-3	13	chlorthalidone	17
CARAC	44	<i>see clonidine hcl</i>	13	chlorzoxazone	24
CARAFATE	34	CAYSTON	42	cholestyramine light	14
<i>see sucralfate</i>	34	CEDAX	6	chorionic gonadotropin	32
CARBAGLU	30	CEENU	10	ciclopirox	44
carbamazepine	18	cefaclor	6	ciclopirox shampoo 1%	44
CARBATROL	18	CEFACLOR ER	6	cilostazol	36
<i>see carbamazepine</i>	18	cefadroxil	6	CILOXAN	40
carbidopa-levodopa	21	cefazin inj	6	<i>see ciprofloxacin hcl (ophth)</i>	40
carbinoxamine maleate	42	CEFAZOLIN/DEXTROSE	6	CILOXAN OINT	40
carboplatin	12	cefdinir	6	cimetidine	33
CARDIZEM	15	cefpime hcl	6	<i>see cimetidine inj 150mg/ml</i>	33
<i>see diltiazem hcl</i>	16	cefotaxime sodium	6	<i>see cimetidine sol 300/5ml</i>	33
CARDIZEM CD	15	CEFOTETAN	6	CIMZIA	34
<i>see cartia</i>	16	cefoxitin sodium	6	CIPRO	6
<i>see dilt</i>	16	CEFOXITIN SODIUM	6	<i>see ciprofloxacin hcl</i>	6
<i>see diltiazem hcl coated beads</i>	16	cefpodoxime proxetil	6	CIPRO HC	46
CARDIZEM LA	16	ceprozil	6	<i>see ciprofloxacin hcl i.v.-in d5w</i>	6
<i>see diltiazem hcl coated beads</i>	16	ceftazidime	6	CIPRODEX	46

<i>ciprofloxacin hcl</i>	6	2.75%/DEXTROSE 5%.....38	CLOZARIL	22
<i>ciprofloxacin hcl (ophth)</i>	40	CLINIMIX	see <i>clozapine</i>	22
<i>ciprofloxacin-ciprofloxacin hcl</i>	6	4.25%/DEXTROSE 10%...38	COARTEM	8
<i>ciprofloxacin inj</i>	6	CLINIMIX	<i>codeine sulfate</i>	3
<i>cisplatin</i>	12	4.25%/DEXTROSE 20%...38	COGENTIN	21
<i>citalopram hydrobromide</i>	20	CLINIMIX	see <i>benztropine mesylate</i>	
<i>cladribine</i>	12	4.25%/DEXTROSE 25%...38	co-gesic	1
<i>CLAFORAN</i>	6	CLINIMIX	COLAZAL	34
<i>see cefotaxime sodium</i>	6	4.25%/DEXTROSE 5%....38	<i>see balsalazide disodium</i>	
<i>claravis</i>	43	CLINIMIX 5%/DEXTROSE	.....34	
<i>CLARINEX</i>	42	15%.....38	<i>colchicine w/ probenecid</i>	1
<i>CLARINEX REDITABS</i>	42	CLINIMIX 5%/DEXTROSE	COLCRYS	1
<i>CLARINEX-D 12 HOUR</i>	41	20%.....38	COLESTID	14
<i>CLARINEX-D 24 HOUR</i>	41	CLINIMIX 5%/DEXTROSE	<i>see colestipol hcl</i>	14
<i>clarithromycin</i>	6	25%.....38	<i>colestipol hcl</i>	14
<i>CLEOCIN</i>	9, 35	CLINIMIX E	<i>colistimethate sodium</i>	9
<i>see clindamycin cre 2%</i>		2.75%/DEXTROSE 10%...38	<i>colocort</i>	34
<i>vag</i>	35	CLINIMIX E	COLY-MYCIN M	9
<i>see clindamycin hcl</i>	9	2.75%/DEXTROSE 5%....38	<i>see colistimethate sodium</i>	
<i>CLEOCIN CAP 75MG</i>	9	CLINIMIX E	.....9	
<i>CLEOCIN IN D5W</i>	9	4.25%/DEXTROSE 25%...38	COLY-MYCIN S	46
<i>CLEOCIN INJ</i>	9	CLINIMIX E	COLYTE-FLAVOR PACKS	
<i>CLEOCIN PEDIATRIC</i>		4.25%/DEXTROSE 5%....38	<i>see gavilyte-c</i>	34
<i>GRANULE</i>		CLINIMIX E 5%/DEXTROSE	<i>see peg 3350-kcl-sod</i>	
<i>see clindamycin palmitate</i>		15%.....38	<i>bicarb-sod chloride-sod</i>	
<i>hydrochloride</i>	9	CLINIMIX E 5%/DEXTROSE	<i>sulfate</i>	34
<i>CLEOCIN PHOSPHATE</i>	9	20%.....38	COMBIGAN	41
<i>see clindamycin</i>		CLINIMIX E 5%/DEXTROSE	COMBIPATCH	30
<i>phosphate</i>	9	25%.....38	COMBIVENT	41
<i>CLEOCIN VAG SUPP</i>		clinisol 15.....38	COMBIVIR	8
100MG	35	CLINORIL	<i>see lamivudine-zidovudine</i>	
<i>CLEOCIN-T</i>	43	<i>see sulindac</i>	.....8	
<i>see clindamycin</i>		clobetasol propionate.....45	COMPLERA	8
<i>phosphate (topical)</i>	43	clobetasol propionate	compro	33
<i>CLIMARA</i>	31	emollient base.....45	COMTAN	21
<i>see estradiol</i>	31	CLOBEX	COMVAX	38
<i>CLIMARA PRO</i>	30	CLODERM PUMP	CONCERTA	23
<i>CLINDAGEL</i>	43	CLOLAR	CONDYLOX	46
<i>clindamycin cre 2% vag</i>	35	clomipramine hcl	<i>see podofilox</i>	46
<i>clindamycin hcl</i>	9	clonazepam	COPAXONE	24
<i>clindamycin palmitate</i>		clonidine & chlorthalidone	COPEGUS	9
<i>hydrochloride</i>	9	clonidine hcl	<i>see ribasphere 200mg</i>	9
<i>clindamycin phosphate</i>	9	clopидogrel bisulfate	<i>see ribavirin 200mg</i>	9
(<i>topical</i>)	43	clorazepate dipotassium	CORDARONE	14
<i>clindamycin</i>		clorpres 0.1/15	<i>see amiodarone hcl</i>	14
<i>phosphate-benzoyl peroxide</i>		clorpres 0.2/15	<i>see pacerone</i>	14
	43	clorpres 0.3/15	CORDRAN	45
<i>CLINIMIX</i>		clotrimazole	CORDRAN TAPE	45
		clotrimazole (<i>topical</i>)		
		clozapine		

COREG	15
see carvedilol	15
COREG CR	15
CORGARD	15
see nadolol	15
CORTEF	31
see hydrocortisone	31
CORTENEMA	
see colocort	34
see hydrocortisone (intrarectal)	34
CORTIFOAM	44
cortisone acetate	31
CORTISPORIN	44, 46
see neomycin-polymyxin-hc (otic)	46
CORTISPORIN-TC	46
CORZIDE	15
see nadolol & bendroflumethiazide	15
COSMEGEN	10
COSOPT	41
see dorzolamide hcl-timolol maleate	41
COUMADIN	36
see jantoven	36
see warfarin sodium	36
COUMADIN INJ	36
COVERA-HS	16
COZAAR	13
see losartan potassium	13
CREON	35
CRESTOR	14
CRINONE	32
CRIXIVAN	8
cromolyn sodium	42
cromolyn sodium (mastocytosis)	34
cromolyn sodium (ophth)	40
cryselle 28	28
CUBICIN	9
CUTIVATE	45
see fluticasone propionate	45
CUVPOSA	33
cyclafem 1/35 28 day	28
cyclafem 7/7/7 28 day	28
CYCLESSA	28
see desogestrel-ethinyl	
estradiol (triphasic)	28
see velvet 28 day	30
cyclobenzaprine hcl	24
cyclophosphamide	10
cyclosporine	37
cyclosporine modified (for microemulsion)	37
CYKLOKAPRON	36
see tranexamic acid	36
CYMBALTA	20
cyproheptadine hcl	42
CYSTADANE	30
CYSTAGON	30
CYTARABINE INJ	
100MG/ML	10
cytarabine inj 20mg/ml	10
cytarabine inj 500mg	10
CYTOMEL	32
see liothyronine sodium	32
CYTOTEC	34
see misoprostol	34
CYTOVENE	9
see ganciclovir inj 500mg	9
D	
D.H.E. 45	
see dihydroergotamine mesylate	23
dacarbazine	10
DACOGEN	10
DALIRESP	42
danazol	30
DANTRIUM	25
see dantrolene sodium	25
dantrolene sodium	25
dapsone	9
DAPTACEL	38
DARAPRIM	8
daunorubicin hcl	10
DAYPRO	5
see oxaprozin	5
DAYTRANA	23
DDAVP	32
see desmopressin acetate	
DECAVAC	38
DELATESTRYL	
see testosterone enanthate	25
DELESTROGEN	31
see estradiol valerate	31
DEMADEX	17
see torsemide tabs	17
demeclocycline hcl	6
DEM SER	17
DENAVIR	44
DEPACON	18
see valproate sodium	20
DEPAKENE	18
see valproate sodium	20
see valproic acid	20
DEPAKOTE	18
see divalproex sodium	19
DEPAKOTE ER	18
see divalproex sodium	19
DEPAKOTE SPRINKLES	18
see divalproex sodium	19
DEPO-ESTRADIOL	31
DEPO-MEDROL	31
see methylprednisolone acetate	31
DEPO-PROVERA	
CONTRACEPTIV	28
see medroxyprogesterone acetate (contraceptive)	29
DEPO-PROVERA INJ	
400/ML	11
DEPO-SUBQ PROVERA	
104	28
DEPO-TESTOSTERONE	25
see testosterone cypionate	
DERMA-SMOOTH/FS	
BODY OIL	45
see fluocinolone acetonide	
.....	45
DERMATOP	45
see prednicarbate	45
DERMOTIC	46
see fluocinolone acetonide (otic)	46
desipramine hcl	20
desmopressin acetate	32
desmopressin acetate spray refrigerated	32
DESOGEN	28
see apri 28 day	28
see desogestrel & ethinyl estradiol	28
see emoquette	28
see reclipsen 28 day	30

<i>desogestrel & ethinyl estradiol</i>	28	<i>diflorasone diacetate</i>	45	<i>docetaxel</i>	11
<i>estradiol</i>	28	DIFLUCAN	7	DOCETAXEL	11
<i>desogestrel-ethinyl estradiol (biphasic)</i>	28	<i>see fluconazole</i>	7	DOLOPHINE	3
<i>desogestrel-ethinyl estradiol (triphasic)</i>	28	<i>diflunisal</i>	5	<i>see methadone hcl</i>	3
DESONATE	45	<i>digoxin</i>	16	<i>see methadose</i>	3
<i>desonide</i>	45	<i>digoxin inj</i>	16	DOLOPHINE HCL	
DESOWEN	45	DIGOXIN SOL 50MCG/ML	16	<i>see methadone hcl</i>	3
<i>see desonide</i>	45	.....	16	donepezil hydrochloride	20
<i>see lokara</i>	45	<i>dihydroergotamine mesylate</i>	23	DORIBAX	9
DESOWEN LOTN 0.05%	45	DILACOR XR	16	DORYX	6
<i>desoximetasone</i>	45	<i>see dilt</i>	16	<i>dorzolamide hcl</i>	41
DETROL	35	<i>see diltiazem hcl</i>	16	<i>dorzolamide hcl-timolol maleate</i>	41
DETROL LA	35	DILANTIN	18	DOVONEX	44
<i>dexamethasone</i>	31	<i>see phenytoin</i>	19	DOVONEX SCALP	44
DEXAMETHASONE INTENSOL	31	<i>see phenytoin sodium extended</i>	19	<i>doxazosin mesylate</i>	13
<i>dexamethasone sodium phosphate</i>	31	DILATRATE SR	17	<i>doxepin hcl</i>	20
<i>dexamethasone sodium phosphate (ophth)</i>	40	DILAUDID		DOXIL	10
DEXILANT	35	<i>see hydromorphone hcl</i>	3	<i>doxorubicin hcl</i>	10
DEXPAK TAPERPAK	13	DILAUDID INJ	3	<i>doxycycline (monohydrate)</i>	6
DAY	31	DILAUDID TAB	3	<i>doxycycline hydrate</i>	6
<i>dexrazoxane</i>	12	DILAUDID-5 ORAL LIQD	3	<i>dronabinol</i>	33
<i>dextrose</i>	39	DILAUDID-HP		<i>drospirenone-ethinyl estradiol</i>	28
<i>dextrose 10% w/ sodium chloride 0.2%</i>	39	<i>see hydromorphone hcl</i>	3	DROXIA	11
<i>dextrose 2.5%/nacl 0.45%</i>	39	DILAUDID-HP INJ	3	DUETACT	26
<i>dextrose in lactated ringers</i>		<i>dilt</i>	16	DULERA	43
	39	<i>diltiazem hcl</i>	16	DUONEB	41
<i>dextrose w/ sodium chloride</i>		DILTIAZEM HCL	16	<i>see ipratropium-albuterol</i>	
	39	<i>diltiazem hcl coated beads</i>	16	DURAGESIC	3
DIABETA	26	<i>diltiazem hcl extended release beads</i>	16	<i>see fentanyl patch</i>	3
DIAMOX	17	DIOVAN	13	<i>duramorph</i>	3
<i>see acetazolamide</i>	16	DIOVAN HCT	13	DUREZOL	40
<i>diazepam</i>	18	DIPENTUM	34	DYAZIDE	17
<i>diazepam gel</i>	18	<i>diphenhydram inj 50mg/ml</i>	42	<i>see triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	17
DIAZEPAM INTENSOL	18	DIPROLENE	45	DYNACIN	6
DIBENZYLINE	17	<i>see betamethasone dipropionate augmented</i>	45	<i>see minocycline hcl</i>	7
<i>diclofenac potassium</i>	5	DIPROLENE AF	45	DYNACIRC CR	16
<i>diclofenac sodium</i>	5	<i>see betamethasone dipropionate augmented</i>	45	DYRENIUM	17
<i>diclofenac sodium (ophth)</i>	40	dipyridamole	37	E	
<i>dicloxacillin sodium</i>	6	<i>disopyramide phosphate</i>	14	e.e.s.	6
<i>dicyclomine hcl</i>	33	<i>disulfiram</i>	25	E.E.S. GRANULES	6
<i>didanosine</i>	8	DITROPAN XL	35	EC-NAPROSYN	5
DIFFERIN	43	<i>see oxybutynin chloride</i>	35	<i>see naproxen</i>	5
<i>see adapalene</i>	43	DIURIL SUS 250/5ML	17	<i>econazole nitrate</i>	44
DIFICID	6	<i>divalproex sodium</i>	19	EDARBI	13
		DIVIGEL	31	EDARBYCLOR	13

EDECIN	17	2009	3	ESTRING	31
EDLUAR	23	ENDOMETRIN	32	<i>estropipate</i>	31
EDURANT	8	ENGERIX-B	38	ESTROSTEP FE	28
EFFEXOR XR	20	<i>enoxaparin sodium</i>	36	see <i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>see venlafaxine cap er</i>	21	<i>enpresse 28 day</i>	28	29
EFFIENT	37	ENTOCORT EC	34	<i>see tri-legest</i>	28
EFUDEX	44	<i>see budesonide</i>	34	<i>ethambutol hcl</i>	8
<i>see fluorouracil (topical)</i>	44	enulose	34	<i>ethosuximide</i>	19
EGRIFTA	32	EPIDUO	43	<i>ethynodiol diacet & eth estrad</i>	28
ELAPRASE	30	<i>epinastine hcl (ophth)</i>	41	ETHYOL	12
ELDEPRYL	21	<i>epinephrine hcl</i>	42	<i>see amifostine crystalline</i>	
<i>see selegiline hcl</i>	22	EPIPEN 2-PAK	42	12
electrolyte-m in dextrose	39	EPIPEN-JR 2-PAK	42	<i>etodolac</i>	5
electrolyte-r in dextrose	39	EPIRUBICIN HCL	10	ETOPOPHOS	12
ELESTAT	40	epitol	19	<i>etoposide</i>	12
<i>see epinastine hcl (ophth)</i>		EPIVIR	8	EURAX	46
	41	<i>see lamivudine</i>	8	EVAMIST	31
ELESTRIN	31	EPIVIR HBV	9	EVISTA	32
ELIDEL	46	EPIVIR SOL 10MG/ML	8	EOCLIN	43
ELIGARD	11	eplerenone	13	<i>see clindamycin phosphate (topical)</i>	43
ELIPHOS	32	EPOGEN	36	EVOXAC	46
ELITEK	12	eprosartan mesylate	13	EXALGO	3
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For more information about Medicare

NOTE: Medicare representatives can only answer general questions about Medicare Part D prescription drug coverage. Call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov.

For questions about specific Plan benefits, please call our Customer Care representatives.

This information is available for free in other languages. Please contact our Customer Care number at 1-800-837-4092 for additional information. (TTY users should call 1-866-236-1069). Hours are 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Servicio al Cliente, al 1-800-837-4092 para obtener información adicional. (Los usuarios de teléfono de texto (TTY) deben llamar al 1-866-236-1069). El horario es las 24 horas al dia, los 7 dias de la semana. El Servicio al Cliente también tiene servicios gratuitos de interpretación disponibles para personas que no hablan inglés.